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OBITUARY

M. D. EDER
1866–1936

It is with profound regret that we announce the death on March 30, after a short and painful illness, of Dr. M. D. Eder. Universally liked and respected, his kindly personality will be widely missed.

Dr. Eder was born in August, 1866. He studied medicine at St. Bartholomew's Hospital and before settling in practice travelled widely, in the United States, in South Africa and in Bolivia. In the latter country he learned Spanish, became a Civil Surgeon attached to the Army and saw some war service. Returning to London in 1900 he entered general practice. In his early years he was an active Socialist and played a prominent part in the Fabian Society.

Dr. Eder's social and medical interests had been linked together, the link taking the form of special interest in schoolchildren. He was Medical Officer of the London School Clinic in 1908 and of the Nursery School, Deptford, in 1910. Before that he had been made the editor of *School Hygiene*. The work he did in these years and earlier did much to pave the way for the official medical services in school hygiene which the London County Council was then instituting.

My friendship with Dr. Eder goes back some thirty-two years. He worked with me first in medicine and I then gradually aroused his interest in psycho-analysis, to which he sympathetically responded. He was one of the first in England to practise psycho-analysis, in 1910, and was, before the War, the first Secretary of the British Psycho-Analytical Society (at that time called the London Psycho-Analytical Society). Interest in Jung's work took him temporarily away, but in 1923, after some time spent with Ferenczi in Budapest,

he rejoined the Society where he became one of the most active and devoted members. He seldom missed attending the meetings and took a regular part in the discussions. He was a Physician to both the London Clinic of Psycho-Analysis and the Clinic for Juvenile Delinquents. For a number of years, and until his death, he served on the Council of the Society and was one of the Directors of the Institute. Here, as in the Society discussions, his steady and sober judgement was of constant value. In 1932 he was Chairman of the Medical Section of the British Psychological Society.

Dr. Eder wrote some twenty-five papers on psycho-analytical topics. The greater number were expository in nature, contributed to various periodicals such as *The Jewish Chronicle*, the *New Age*, *Lancet*, or read before Educational Congresses or Societies. Among his more technical contributions were the following. His report of 'A case of Obsessions and Hysteria treated by the Freud Psycho-Analytic Method' (*British Medical Journal*, 1911) was one of the first to be published in England. It was read before the British Medical Association, and was, I think, the first paper to be read in England on psycho-analysis. His note on *Augenträume* (*Zentralblatt für Psychoanalyse*, I Jahrgang) was a contribution to our knowledge of eye symbolism. His paper 'Das Stottern eine Psychoneurose und seine Behandlung durch die Psychoanalyse' (*Internationale Zeitschrift für ärztliche Psycho-analyse*, 1913), delivered at the seventeenth International Congress of Medicine in London, August, 1913, was, I think, the first to be published on the subject; in it two successfully treated cases are reported. Dr. Eder, then a Captain in the R.A.M.C., was in 1916 in charge of the war-shock patients at Malta, and in 1917 worked at the Neurological Clinic, London. In 1916 came a paper in the *Lancet* on War neuroses and the year after Eder's only book, 'War Shock'. This book had a reverberating effect. It not only helped to replace the misleading expression 'shell shock' by the more objective one of 'war shock', but it contributed powerfully to the new recognition of the psychological nature of such conditions. Dr. Eder was one of the speakers in the historic symposium held before the Sociological Society, London, in 1923 (published later in book form as 'Social Aspects of Psycho-Analysis'). His permanent sociological interests also came to expression in 'A Contribution to the Psychology of Snobbishness' read before the Homburg Congress in 1925, the only International Psycho-Analytical Congress at which he spoke, 'Psychology and Value' (*British Journal of Medical Psychology*, 1930) and 'The Myth

of Progress' (*Ibid*, 1932); the last-named was the Address delivered during his Chairmanship of the Medical Section of the British Psychological Society. Noteworthy also were his communications 'A Camera as a Phallic Symbol' (*Journal*, 1924), 'A Note on Shingling' (*Ibid*, 1925), 'On the Economics and Future of the Super-Ego' (*Ibid*, 1929) and 'Dreams as a Resistance' (*Ibid*, 1930). His essay on 'The Jewish Phylacteries and other Jewish Ritual Observances' (*Ibid*, 1933, also published in *Imago*) was a worthy pendant to Reik's studies of Jewish ceremonial.

Having passed some of his school years in Frankfurt, Dr. Eder was unusually familiar with the German language and made good use of his knowledge in his translations of Freud's *Ueber den Traum* and Jung's *Diagnostische Assoziationsstudien.*

Justice will be done elsewhere to Dr. Eder's noble activity in connection with Zionism, not only during the years he spent in Palestine but until the end of his life; but I should like to testify personally to his unceasing helpfulness to Jewish refugees. Most of those who have passed through my hands in the last three years, at least as many being non-analysts as analysts, were also in contact with Dr. Eder and had only one story to tell of the bulwark of support he was to them. The circumstances of the Third Dispersion weighed heavily on his heart and the labour he devoted to the cause of his people must surely have told even on his powerful frame, leading to its rapid collapse while in the prime of his activity. For some time he was Chairman of the Jewish Medical Committee and he always identified himself intimately with Jewish causes. Although a doubtful theist, he had expressed recently the wish to be buried with a Jewish religious service to show that he was one of his own people. Those who were present on that occasion will never forget the moving message sent by Dr. Weizmann or the eloquent address by Mr. Sieff.

Of the traits that made up David Eder's personality his friends would surely name as the most prominent his unfailing readiness to help others. Whatever the good cause of the moment might be, whether personal or general, one could always count with complete assurance on Eder's instant help. He would sacrifice all he had, time, money, labour, health without a moment's reflection. In the often conflicting claims of personal or social service he preserved a well-balanced judgement, being willing to devote himself to either according to the dictates of the situation, and this was true both of his general attitude towards life his opinions, and of his daily conduct. It proceeded

from a clear perception of the good in life and a strong determination to cleave to it. He was not only upright, but generous and merciful as well. Unambitious and retiring in himself, his character was such as to inspire others with respect for the goodness and kindliness with which he lived his life. We shall greatly miss that friendly and willing man, with his steady good humour, his shrewd and helpful criticism, and above all his staunch character.

Dr. Eder's wife, Mrs. Edith Eder, was his companion for thirty years. She actively shared the three main interests of his life, Socialism, Zionism and Psycho-Analysis. In earlier days she practised analytic work herself, was the joint author with her husband of several of his papers, and remained a frequent guest at the British Psycho-Analytical Society. A widespread and deep sympathy will be extended to her by the many who share her loss. The same sympathy will be felt for her sister, Miss Barbara Low, who was Dr. Eder's intimate colleague for so many years.

Ernest Jones.

ORIGINAL PAPERS

A CONTRIBUTION TO THE STUDY OF SCHIZOPHRENIA [1]

BY

R. LAFORGUE

PARIS

All of us, I imagine, have had more or less reason to suspect that, in psychiatry, the term *schizophrenia* is applied to morbid states differing in origin though characterized, as they develop, by the same or very similar clinical symptoms. Theoretically we admit that the disease may have various origins. Sometimes the cause may be organic, e.g. a hereditary defect or a microbic infection, while, in other cases, the origin is psychic and the disease is to be attributed to shocks received in childhood and affecting subsequent development or, it may be, to the influence of the family environment.

At the present time it is still by no means easy, when confronted with a case of schizophrenia, to know its exact cause ; in order to pronounce upon the nature of the disease we now realize that a thorough study of the patient is essential. And it is in the hope of making some contribution to this particular study that I now propose to communicate to you certain interesting material which I have been collecting in the past two years, while treating a young girl suffering from schizophrenia.

The patient, whom I will call Odile, is now twenty-five. The following is, in brief, her history. The disease manifested itself when she was seventeen, first of all in an obsessional state with a germ-phobia (a need to be constantly washing) and in an exaggerated scrupulosity, etc. As time went on, Odile found it more and more difficult to speak. On one occasion she accused herself of having acted immodestly in allowing herself to chat with a young man. Next, she made her first attempt to commit suicide, whereupon she was immediately taken to a private mental hospital. There she remained for a year and was then sent to a similar institution where she stayed for about two years. Her condition grew worse, she became refractory, spoke less and less and made frequent attempts at suicide. At last the medical superintendent of the mental hospital informed the family that the case was a serious one : dementia præcox or schizophrenia. At the suggestion of one of her brothers who had studied medicine it was decided to look after Odile at home. The family took a house with

[1] A lecture delivered at ' L'Évolution Psychiatrique ', 1934.

a garden and there her brother and elder sister looked after her with exceptional devotion. At this time she managed on one occasion to fire several shots with a revolver, wounding herself in the head, but the shots did not penetrate the skull and her attempt failed. In spite of the devotion of her family, the patient grew worse and worse. She became completely mute and ate only with great difficulty. She continued, however, to play the piano a little with her sister and also would listen if someone read aloud to her. At last her family, again at the suggestion of the brother, determined to consult a psycho-analytical physician. Odile was brought to me and I found myself confronted with a silent patient whose attitude was extremely negativistic. Instead of moving forward she moved back. Her limbs were rigid, and showed *flexibilitas cerea*. She had the greatest difficulty in taking food. Sometimes she would urinate in public and then try to drink her urine. Occasionally she ate slugs. From time to time she would fly into a rage and stammer out incoherent words. The picture, as you will observe, was a classical one. It was impossible to leave Odile by herself, as she immediately tried to throw herself out of the window or to swallow needles or objects made of glass, etc. At intervals she would go into fits of silly, childish laughter, as if she were having auditory hallucinations. But at that period there was nothing to prove that this was really the case. Later on, after several weeks of treatment, she appeared to have visual hallucinations of a transient nature. For instance, one day she showed her dress to her sister, declaring that somebody had made stains on it. In the end, however, when she saw her sister's amazement, she realized that the stains were non-existent and she then admitted that she could no longer see the marks which, a few minutes before, she had imagined to be there.

The following were interesting symptoms in Odile's case. When she first used to come to see me her pulse was 130. She suffered from obstinate constipation and it was almost impossible for her to have a normal action of the bowels. Her monthly periods were, however, regular, or at least no abnormality in this direction had been observed. Her lungs were sound and there was nothing unusual about her reflexes.

Odile was the fourth of eight children (four brothers and four sisters). Her mother had never had a miscarriage. One brother and two sisters were married. Her mother had died of tuberculosis some years before. Her father was a remarkably healthy man and his sixty years weighed lightly on him.

Psycho-analytical experience teaches us how important a part is played in the ætiology of the neuroses by the patient's family-circle and environment. A family-neurosis, like hereditary tendency, may make its appearance in the different members of the family in question. In the case which we are considering I am even now doubtful as to which of the two factors, family-neurosis or heredity, is responsible; I cannot say precisely which was the source of my young patient's trouble. I think it probable that there was neuropathic heredity, but it is certain that there was a family-neurosis. We shall return to this point later.

First, however, let me indicate the main line of treatment which I followed with Odile. There were several favourable factors which helped me. Her father was in comfortable circumstances and told me that he would make any sacrifice which his daughter's recovery might require. I did not conceal from the family the fact that the treatment was difficult and its success problematic. The prognosis was very similar to that in cancer. They replied that we must try the treatment, in spite of the unfavourable prognosis; they knew just how matters stood and must take the risk. The brother and sister who took turns in looking after Odile knew no limits to their devotion. The sister, once she had grasped the principles of psycho-analysis, became a most valuable ally to me.

Such were the conditions under which I undertook the treatment; I will now tell you how it developed.

At first the patient had to be brought to me by force. She would not or could not walk. Often, when she was taken for a stroll, she moved backwards instead of forwards. Similarly, at meals, she would put her food aside instead of putting it into her mouth. It seemed, indeed, as if she made immense efforts to act and move in the right direction. But one received the impression that her symptoms were beyond her control and that she was compelled to do the opposite to what she consciously intended.

Usually her sister came into my consulting-room with Odile who, after a minute or two, would try to make her escape. I noted that at such moments her pulse was close on 130. I allowed her to take refuge in my waiting-room, accompanied, of course, by her sister. She generally stayed there for a quarter of an hour, after which she would return to the consulting-room. By then her pulse was rather slower but, in my presence, it would accelerate again to 130. Once more the patient would take flight. Once more I let her do as she wished and

after some moments she would return. And so it went on. I explained to her that she seemed to be the victim of a paroxysm of anxiety, that I had the impression that she was afraid of me and that this must be why she felt she must run away from me. I added that she had the right to do so and that, in order to carry on the treatment, it would be enough if she came back to me after waiting for a minute or two in the waiting-room.

After some days the patient gradually lost the tendency to take flight. At the end of several weeks her pulse was about 100 but still fairly often reached 130. Her silence persisted and she would not look at me but hid her face and replied to my questions by making signs to her sister. I then tried to make her come into my room alone. The result was a fresh bout of tachycardia and a repetition of her flight. After some weeks, however, she was able to stay alone with me for about half an hour. We went on thus for two or three months, Odile remaining mute. I did just succeed in persuading her to read a few sentences aloud but only in the presence and with the help of her sister. I soon noticed that, in reading these sentences, Odile avoided pronouncing any words which had to do with love : she slurred over them. This gave me an opportunity to try my first explanation, which I gave in her sister's presence. I said to Odile that it seemed as if, in her mind, love was something dirty, excremental, and that she had evidently wanted to deny its existence, just as she denied the existence of excrement. I went on to say that there was very possibly a relation between her constipation and her feeling of disgust for matters of sex : the constipation might be the mental symptom of her revolt against reality and all the natural needs of humanity. I also spoke of her acute sense of guilt which manifested itself in her shame-facedness, her frantic flight from life, her impulse to hide, etc. She behaved, I said, as if she hated herself for having a body, with needs of its own, as if she felt it a crime to have a physical existence in space and not to be pure spirit. At the time my explanation seemed to have no effect whatever, but in the next few days there was a distinct change in the patient's behaviour. She continued to be constipated and incapable of doing anything by herself but she asked to go to the lavatory. It seemed as if a change might also be going on in her mind. Odile made an effort to express her thoughts but, as far as I can recollect, she chiefly expressed anger against myself.

Slowly, step by step and always in her sister's presence, I tried to continue my explanations to Odile. She came to see me about four

times a week. Every time I talked to her I noted that her pulse grew more rapid ; when it reached 130 I used to send her to rest in the waiting-room and, when her pulse was quieter, she came back to me.

The acceleration in Odile's pulse was occasioned chiefly by words connected with love and sexuality. For instance, if one introduced the subject of menstruation, one could calculate with mathematical certainty on her pulse reaching 130.

I tackled this difficulty by asking the patient to read some love-poems aloud, amongst them some verses by the Comtesse de Noailles. It was obvious that Odile made an effort to pronouce the words which were for her taboo, but it was beyond her and she was obliged to pass over them in silence. At the same time I explained to her that it was impossible to accumulate for ever within herself either her physical or her mental excrement ; if she went on like that, she would, so to speak, be in danger of ' bursting ' physically and mentally. I pointed out to her that, in our mental life, outbursts of anger are as necessary for the right functioning of the mental organism as defæcation is for our bodily organism. And I urged her to make up her mind to accept all these realities, including that of sexuality.

Apart from the variations in her pulse, all my explanations failed to change Odile's attitude towards me. She appeared to listen apathetically and with indifference. But in the long run my words went home and I observed that they were taking effect. Her capacity to defæcate and also to grow angry gradually increased. But now a new and very unpleasant symptom made its appearance : the patient began to suffer from insomnia. At night, instead of going to bed, she would plant herself at her bedroom door as though to keep guard, and she would stay there without moving until nearly four in the morning, when she was carried to bed in a state of exhaustion. If it had not been necessary to watch Odile constantly this would not have mattered much, but her continual attempts at suicide and her impulse to seize on any needle she could find and swallow it, put a great strain on those who were looking after her, namely, her sister and a trained nurse.

In order to overcome, or at least to lessen, this insomnia, I suggested to Odile the explanation which I thought most likely ; I said that, obviously, she was afraid that some man would come into her room or it might simply be that she feared that my explanations would make their way into her mind, and that it was this fear which impelled her to stand on guard at her door like a sentry guarding a treasure. I added that I believed this apprehension to be due to the rebellion of

the masculine side of her personality against men in general and myself in particular, and that she must express it differently—directly —at the moment when the reaction occurred. I emphasized the fact that we notice such reactions in patients who have had severe conflicts in childhood and have made certain observations in their parents' bedroom.

This explanation had the effect of relieving Odile's distressing symptoms fairly soon. She began to go to bed in a normal way again, but she still suffered from insomnia. I proceeded to explain to her that she kept herself awake to avoid dreaming or else in the fear that, in spite of herself, one of the thoughts or ideas which I had suggested might penetrate her brain.

A few days later, Odile on her part succeeded for the first time in supplying me with some explanation of her state. It is true that she would not take the initiative and had difficulty in answering my questions, but I ascertained that she slept in her parents' room till she was six years old and that, during the War, when her mother was living in England with the children, Odile shared her bedroom. Her father was absent and it was as though, for the time being, she had taken his place at her mother's side. Her elder sister told me that, when Odile was eight or nine, she wrote a letter from England to her father and ended it by saying that she was not accustomed to writing to men and her father must excuse her if she did not write to him often.

In the explanations which I gave to Odile I insisted more and more on her hostility towards men in general and towards myself in particular ; I also insisted on the necessity of expressing her hostile feelings instead of disguising them. She declared, however, that she was quite unconscious of them. All the same, as she sat opposite me, she would burst into fits of uncontrollable laughter—a habit which grew on her—as if she were making fun of me. When asked why she was laughing, she said she did not know, she had not been thinking of anything.

You will easily imagine how sorely my patience was tried by the treatment at this period. I knew that we were making progress and that my explanations were having some effect on Odile, but how slow it was ! And what good would it do in the end ? I constantly had a desire to come to grips and to rout the patient's resistance. But I took care not to attempt it. I told myself that the least imprudence might have a disastrous effect, for I knew that a single word sufficed to accelerate her pulse to 130. The only thing to do was to handle words

as carefully as if they were bombs and, as far as possible, to soften their effect. I even decided that one had to be equally careful with thoughts, for one thinks in words and images and either might completely upset my patient.

It is probable that at this stage in her illness Odile had succeeded in inhibiting most of her thoughts and that she was telling the truth when she declared that she was not thinking of anything. At least she was not *consciously* thinking of anything.

I now began to use her elder sister as an intermediary between Odile and myself. She was to give explanations to the patient and so to force her to face those aspects of life upon which she turned her back. So we agreed to broach all the thorny subjects which Odile wanted to avoid and against which she defended herself with an armour of resistances. In order to establish the intimate relation which this mental contact required and which was impossible for me I advised the sister to lavish affection on Odile, as though on a little child, to rock her to sleep at night, take her in her arms, and so on. By this means we extracted from the patient her first admissions, which were as follows.

In one of the private mental hospitals where she had stayed, one of the medical officers had tried to kiss her and had ventured to caress her, thereby provoking a violent reaction in the patient. She said that one of her brothers also had tried to touch her and she had protested on one occasion only, when she was unwell. She confessed that she had a desire to touch her nurse as her brother had touched her herself. She used the following phrase: 'I want to be a nuisance to her'. By questioning the brother and the nurse I found that what Odile said was correct. She then confessed that she thought a great deal about her father's intimate life. She would like to sleep with 'Father' and wanted to know what he did with 'that woman' (a mistress whom she imagined him to have). She also wanted to sleep in her sister's bed. Her sister consented and Odile behaved with perfect propriety, only responding to her caresses. She expressed a wish to put on her trinkets again: a ring, a bracelet and a wrist-watch. While she was with me she constantly played with her ring which, she told me, was a present from her grandmother. Once, when her father came to visit her in Paris, she was most anxious to share his bed—I believe, in all innocence, at least as far as her conscious thoughts were concerned. On his explaining to her that it was impossible she gave up the idea. She now began to play cards or, sometimes, draughts,

with her family in the evenings. At the latter game she invariably let herself be beaten by her sister. after having made a good beginning. It was as though she did not wish to win and, when her sister pointed out wrong moves, Odile would lose her temper.

At the same time as this change was taking place (it was, of course, a matter of weeks and months before it was perceptible) she became gradually less constipated. She went to the lavatory with increasing regularity and her pulse fell to 80 and rarely rose above 100, even when we touched on delicate subjects in our conversations. I was now on the look-out for the right moment at which to penetrate to the heart of the problem. I began to speak about masturbation, saying that it was a habit which occurred in all young children and could even be regarded as a normal function, especially when they had experienced pathological emotions in their parents' bedroom. But my attack did not appear to call forth any reaction and I wondered whether it had been premature or wide of the mark. It was not until long afterwards, when Odile had at last learnt to tell me all that went on in her mind, that I received from her confirmation of the rightness of my judgement in broaching this subject. At the time, I wondered whether I had gone rather too far. The analytic sessions passed and the patient grew more and more familiar with the objects on my desk. She did not look at them for long and there was something furtive and guilty about her glances. I endeavoured to lessen her sense of guilt and, in order to understand better what was passing through her mind, I urged her to report her dreams to me.

The long vacation was at hand and I was to be away for some time. The treatment had now been going on for a year. Let me sum up the results so far. Odile's general condition had perceptibly improved ; she went to the lavatory regularly and spontaneously ; there was much less congestion, she had a better colour and her pulse was more normal. She was distinctly more sociable with her family. She went to sleep in a reasonable fashion and walked properly out-of-doors. She spoke a little and sometimes more than a little. She would answer my questions but still gave the impression of serious illness. For instance, I could not observe any change in her suicidal impulses. If those in charge of her were off their guard for a moment, she would make for the window or seize a needle. It is true she took good care to be seen, so that it was taken away from her immediately. She took a great interest in sewing and embroidery and now began to make use of scissors when working. She knitted garments for her nephews and

nieces. These garments were rather peculiar in shape, especially those intended for the little girls : Odile would have liked to make them without any opening, for fear that the child's skin should be visible. Such was her state when she returned to her family for two months, after which she was to begin treatment again.

At first, all went well at home. But, one day, the nurse who was looking after Odile was less watchful than usual and fell asleep while her charge was reading. When she awoke, Odile had disappeared. The alarm was given in the house and a search was instituted but she was nowhere to be found. A day passed and, finally, towards evening, Odile was brought home in a cab. She had left the house and tried to throw herself under a tram. But the tram had stopped, people had got out and a passing motor had taken the unhappy girl to hospital where they tried to find out who she was. Odile at first refused to speak but finally gave her name and address. This was her last attempt to commit suicide. I do not know exactly what happened or why it failed, but I am certain that, some months previously, she might well have succeeded.

After the holidays, when she came back to me for treatment, I found that there was a remarkable change in her attitude. Of course she did not tell me of her suicidal attempt, but she said that she had stayed at the seaside and had enjoyed it and that she had seen various members of her family. For the first time she consented to lie down on the couch but only for a few minutes, during which she remained silent and kept on blinking her eyes. She promised, too, that she would do her best to make progress, and she expressed a desire to have an operation for the removal of the three little lead pellets which had remained lodged in her scalp since her famous attempt at suicide.

After this first session she told her sister what had happened in my room and said that she thought it unseemly to lie down there.

From that time on, Odile's treatment entered on an entirely new phase. Her attempts at suicide, all the excitement about needles, were things of the past. She still refused to lie down during treatment (it was more than a month before she could be induced to do so again), she always had difficulty in speaking and was unable to give spontaneous associations of ideas, but I could feel that she was trying and was seconding my efforts during the hours that she was with me. She now sometimes wanted to go shopping and began to visit the cinema and also a skating-rink, always accompanied by her sister. She had formerly been very fond of skating and now took to it again.

Her advance in the sphere of locomotion was more obvious than her mental progress. If she had to write a letter she could think of nothing to say : the best she could do was to enumerate occurrences which had taken place that day. She never spoke of herself or her experiences. It was as if she did not exist as an individual person with a consciousness of her own existence and feelings.

Feeling ! It was as though, in Odile, the whole realm of sensibility was under an interdict—' electrocuted ', if one could use that expression. A time came, later on, when she understood the reason and explained it to me ; to feel was to sin, and so one must become incapable of feeling. She believed that every feeling, however innocent, was sensual in origin and therefore reprehensible. You see to what lengths the sense of guilt can go in a case like this and how everything which suggested sensation, however remotely, could come to be regarded as a crime.

With the loss of the power of feeling Odile lost also the faculty of co-ordinating her personality, as if the co-ordination of impressions and sensations were a function of the senses and, as such, guilty and forbidden. Her conscious thinking was nothing but memory : a jumble of unrelated facts. She was incapable of associating one with another, of treating them synthetically. Synthesis became possible only when she recognized her own sensibility and, above all, her sexuality, for this ' realization ' of her sensibility was in some way necessary if she was to reconstruct the unity of her ego and to arrive at a correct ' conception ' of reality.

Similar observations have led psycho-analysts to distinguish, in our general capacity for feeling, a special function, exercised by the ego. When possessed of sensibility the ego acts as an intermediary between the various elements of external and internal reality. It makes contact with them in order to *know*, that is, to assimilate, them and so, by this process of interpenetration, to form a definite ' conception ' of the external world and of itself. Now in this order of ideas it is evident that the ' conception ' formed by the individual will depend on the degree of sensibility and of libido that his ego commands : a failure of sensibility will have as consequence the subversion of that ' conception '. We see this occurring in schizophrenia, in the familiar delusion of ' the end of the world '. Bearing this in mind we are compelled to admit that our consciousness is essentially relative and this extends even to the need for causality and logic, in so far as these are a function of the activity of our ego. We have to take account in our

scientific reasoning of an individual coefficient, since the functions of consciousness, i.e. of our instrument of observation and reasoning, is relative and individual and varies according to racial, personal and group-factors. The development of consciousness may be affected and impeded by mental conflicts or by environment, whether it be that of the family or of some wider group.

This has a bearing on the solution of other important problems, of a sociological nature. Once we grant that the development of the ego depends on the influence of the group upon the individual, it is easy to see how it follows that logic, the need for causality, the sense of separate individuality, will all vary with the particular person and group. Hence we shall infer that the power of grasping a problem objectively and scientifically will depend on the circumstances which have influenced the development of the ego and will be no less relative than our ' scientific certainties ' which exist only in so far as our ego can apprehend them. The study of schizophrenia will thus enable us the better to understand the mentality of primitive man and of groups, just as we learn to understand the development of different civilizations by studying the groups which have built them up.

To return to our patient. I have mentioned that her progress manifested itself most plainly in the motor sphere. Her gait was no longer uncertain, as it had been when she first came to me ; her attitudes were less rigid, her gestures more natural and her movements more spontaneous. She now rose of her own accord, when I went to fetch her from the waiting-room, and she would come towards me without needing someone at her side. ' Good-morning, doctor ', she would say and would enter my consulting-room with something like alacrity.

All these minute details may not at first sight seem important. But if you think how much patience and effort had had to be expended in order to re-establish, slowly and progressively, so elementary a faculty as that of walking—if you imagine the patient's condition when that faculty was impaired—you will realize how complex and difficult it really was (elementary though the capacity might seem) to recall and reorganize it once it had been lost. Motility itself appears to depend on that co-ordinative institution of which I spoke a few minutes ago, that is to say, on the ego, which distributes energy after having gleaned impressions from the outside world, impressions produced by circumstances which it must have the power of judging if it is to react to them. In Odile the most striking change now was the

emergence of fear. In spite of her tachycardia she had formerly lost any consciousness of fear and, even when it would have been quite a normal manifestation, it was absent ; nothing checked her self-destructive tendencies. Now it was different. She avoided going near windows. When skating, she was afraid of the ice breaking where it seemed thin and she kept to parts which were quite safe. At a swimming-bath to which she sometimes went she would not go into very deep water, for fear of drowning. In short, Odile's behaviour when faced with any sort of danger was different from what it had formerly been. In the old days danger had had an irresistible attraction for her, but now she avoided it : she had become as timid and fearful as a child.

This change was, from my point of view, highly satisfactory but for one uncomfortable obstacle. For some time I had been reflecting on the reactions which Odile's progress might possibly produce in the elder sister who was still looking after her. The more the patient improved, the gloomier did her sister become and, after the latest transformation in Odile, the gloom deepened into definite depression. This reaction might seem paradoxical to anyone who has not studied family-neuroses very closely. But it did not, in fact, take me by surprise. I had noticed at the beginning of the treatment that the elder sister who cared for Odile so devotedly was terribly jealous of her authority over the patient. This devotion, manifesting itself in a spirit of complete self-sacrifice on behalf of her sick sister and in a strong inclination to give up having any life of her own, had struck me as suspicious. When examined more closely, these symptoms revealed a powerful attachment to her sister, an attachment which she had in the first instance displayed towards her mother and which, when the latter was taken from her, had prevented this daughter from developing in the direction of a normal family-life. Like the patient, the elder sister, though quite capable of an occasional flirtation, had eliminated men from her affective experience ; she had used Odile as a screen, sheltering behind her and thus giving her own life a factitious purpose.

I made use of this attachment as long as it was helpful in Odile's treatment, but now it was becoming a hindrance. Psycho-analytical experience constantly teaches us that neurotic parents can check the affective development of their children. Often, to cure the neurosis of the latter we must treat the former. In especial the mother's affectivity has a very strong influence on the development of that of her child. A mother who is frigid finds it hard to allow that her

daughter is not. And the expansion of the latter's personality is paralysed by the fear which her mother inspires. In our present case the elder sister's attitude towards Odile was, as far as I could observe, that of a mother, but a neurotic, frigid mother, unable to imagine the possibility of her daughter's belonging to anyone but herself. So, in order to carry on Odile's treatment, I was obliged to treat her sister. In proportion as the latter freed herself from her neurosis and her homosexuality (I mean, her attachment to women) she became detached from Odile who, in her turn, was enabled to detach herself from her sister. From that point the reactions of the two sisters followed intersecting lines. It would be too complicated to give them in detail. I will merely say that Odile's progress, which had been seriously impeded by her sister's reactions, went on favourably again when I had begun to treat the latter ; as the elder sister progressed, the younger easily followed in her steps. The elder was remarkably intelligent and, further, in order to help Odile, she made use of all the knowledge she acquired in the course of her own analysis. Odile now began to communicate her thoughts to me with increasing frankness. She was jealous because her sister was beginning to go out and to go to the theatre without her and she wanted to know who was her companion. She questioned her about her flirtations and intimate experiences, but the questions were always very discreet. At times she lost her temper and said that her sister dressed in too coquettish a fashion : it was unseemly. In short, Odile's homosexuality became more and more manifest and, as her reactions became more pronounced, she became more conscious of her homosexual tendencies. One day she actually said to her sister that she would like to urinate into her mouth, and on another occasion, wanted to get her to embrace her legs. She also asked to be allowed to put her fingers into her sister's ' navel '. Finally, after weeks and months had gone by, there was a great scene. Odile, who had gone for a walk with her sister, flew into a violent rage. Her sister did not attempt to check her but let her talk. Odile, white with fury, rushed at her and struck her violently in the face, after having executed a kind of dance. She then uttered outrageous abuse against a certain cousin ' who was incapable of menstruating, marrying and having a baby, or producing the tiniest trickle of blood '. This cousin was, in fact, malformed and her monthly periods had ceased a long time ago, and she had not married, Odile's outburst of temper lasted for about three-quarters of an hour. at the end of which time her sister, greatly upset by this scene, made

up her mind to go back to the boarding-house where they were staying. On the way Odile saw a child sucking a sweet and, seizing it violently cried : ' What have you got in your mouth ? Put that disgusting thing out. I'll teach you to put your fingers in your mouth ', etc., etc. All the people present were dumb-founded. Eventually Odile was given a dose of gardenal and quieted down.

The next day, at her analysis, Odile told me all that had happened ; she said she did not know what had come over her. She could not help it. She had felt compelled to say things which now seemed nonsense. And she did not remember half of what she had said, for her anger had made her unconscious of them. Analysis showed that the anger really was not with her cousin but with all women (and especially herself) who, as she said, were incapable of producing anything or emitting the merest trickle of blood or of getting a child. I must add that she used the word ' getting ' as we say that a man ' gets ' a woman with child. It is clear that this paroxysm of rage was closely connected with Odile's sense of her own impotence to hold her sister and keep her for herself, her impotence to give her satisfaction by urinating into her mouth—in a word, her incapacity to be a man.

The outburst of anger was the prelude to considerable progress. During the analytic hour the patient began to talk freely. She asked me if I were married and had any children. She took an interest in a fair-haired young man whom she had seen coming to consult me. She enquired his name, etc. After these questions she began to hum ' The Big Bad Wolf ' and, next, asked me to give her some of Dr. Pierre's mouth-wash. Before using it, however, she wished to know whether there were any risk of its conveying an infection. I gave her the mouth-wash and assured her of its harmlessness, but, as soon as she had used it, she was obsessed by the fear that her mouth was infected. Here we were back at the germ-phobia. This, however, did not deter Odile from an interest in all the Pierres of her acquaintance : she went through all their names and talked about marriage. She even attended a wedding at her boarding-house and danced for the first time since beginning her analysis. Previously, however, she asked her sister to get her a dose of gardenal in case she should become too much excited and be unable to sleep.

Once, during analysis, Odile asked me if a woman with a club-foot could live and whether this deformity would not prevent her going about and joining in ordinary life. All of you who are familiar with

the psycho-analytical technique of dream-interpretation will know what probably inspired this train of thought.

Finally, Odile touched on the problem of her sexual life: the question of masturbation. She said that she had had this habit, especially when she was between the ages of fifteen and seventeen. When she was seventeen she had made a great effort of will and given it up altogether, for she felt it was wrong to indulge her lower impulses thus. We must recollect that it was at this age that she fell ill. She herself was struck by the coincidence: she realized that there was something pathological in her flight from masturbation and in the sense of guilt which her tendency had inspired. From the moment of this admission Odile changed from one day to the next. She now smiled pleasantly when anyone came to see her; she began to take photographs and took one of me. It is true that her hand shook and that only half of me appeared on the picture! She understood the meaning of all these incidents and laughed over them charmingly and with appreciation of the humorous side of them. Now, she has made a short journey to the Riviera, where she was under my care, and she then went on to Geneva. On her return, she gave me her impressions of the journey and of her stay at Geneva where she had not, as she had hoped, met a certain young man of her acquaintance. She had just written a long letter to a woman-friend, asking her to give her an opportunity of meeting him again, etc. That is how matters stand at present. I must add that Odile has changed her rooms in Paris; instead of living on the ground floor, so as to avoid any risk of throwing herself out of the window, she is now on the second floor.

Odile's treatment is not yet finished and so I shall not make any conclusive summing-up. I merely wanted to give you this account of her case and to tell you the interpretations which suggested themselves to me, leaving you to form your own opinion.

As to the prognosis, we must not forget that the last word has not yet been said. Striking as the therapeutic result may be, the cure cannot be considered complete until the patient is able to detach herself from the physician who during the analysis has become the support of her affective life.

In my view the interest of this analysis lies not so much in its therapeutic success as in the opportunity it has afforded for studying the part played by affectivity in the development of personality. I have dwelt on this point at some length in order to show how this

study leads us to approach certain sociological problems from a fresh angle.

A case like that of Odile demonstrates the effect of the disappearance, or rather the progressive reappearance, of affectivity and shews which are the functions dependent upon it. During this long analysis I had opportunities of exact observation similar to those which have enabled neurologists to study the effects of paralysis of a nerve or a cerebral nucleus. It is but rarely that such ideal conditions for observation are possible ; I am indebted to the patient's family who so willingly did their best to help me in my work.

In conclusion, I hope that this glimpse of our fundamental concepts has not had a discouraging effect upon the attention with which you have listened to my pessimistic interpretations. I say ' pessimistic ' because they tend to cast a doubt upon the reliability of the reasoning faculty of any one of us and to make it depend on mental factors of which we are not the masters but the slaves. But is it not a fact that, in accepting the limitations of science, we have always enlarged its domain and, in admitting the relative nature of our conclusions, have gained in certainty ? And has not man conquered nature in proportion as he has submitted to her laws ? That must be our consolation even if science forbids us in future to expect to find in her a universal truth, even if she compels us rather to content ourselves each with his own truth.

SPECIFIC DETERMINANTS IN FEMININE DEVELOPMENT [1]

BY

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The study of feminine development presents us with the same kind of difficulty that we meet to-day in all our problems of ætiology. In any given case we may be able to follow with fair accuracy the series of mental events that have issued in the final adjustment or maladjustment of personality. By comparison of individual feelings we do arrive at useful generalizations concerning the type of mental event most likely to predominate in a given class of case, and the phase, stage or age-period which appears to be critical for such cases. But it is still a matter of great difficulty to arrive at specific factors which switch development along one line in preference to any other. Alternatively, it is hard to say why one particular line of development is left open and all others become closed. The deeper we carry our analyses the more convinced we become that it is the initial events that are supremely important, because their effects modify all later ones. Thus, whatever differences of opinion still exist as to the age at which true genital impulses appear, it is now generally agreed that the nature of the ' classical ' Œdipus phase is largely determined by the preceding ' oral ' and ' anal ' history. It is just these initial events, the beginnings of development in the first weeks and months of life, that are still chiefly matters of hypothetical reconstruction. It is so difficult to obtain reliable data about them.

In any theoretical discussion of development we have always to take into account three sets of factors, namely, instinctual drives, ego-capacities and environmental factors. We have to concede the possibility of innate variations, qualitative and quantitative, in instinctual endowment. We have also to allow for corresponding variations in ego-capacity for organization and integration, which may include differences in anxiety-tolerance and bias in favour of certain types of instinct defence. These two sets are ' constitutional ' variables. On the other hand we have to reckon with the host of environmental factors. These fall into two groups: those that are more or less constant for the individual, the ordinary routine of the baby's life,[2]

[1] Read to the British Psycho-Analytical Society, March 20, 1935.

[2] Melitta Schmideberg recently stressed their paramount importance in a paper ' The Assessment of Environmental Factors ', read to the British Psycho-Analytical Society, February 5, 1936.

and the unusual, accidental or traumatic ones to which we incline to attach less importance than we used to do. Hypothetically, a specific variation in any one set of factors, instinct, ego-capacity or environment, might be responsible for a specific developmental issue, but actually we know that development proceeds *via* the continuous intimate interaction of all three sets. Factors that we label endo-psychic at a later stage are themselves products of experience, i.e. of the interaction of endo-psychic and environmental factors at an earlier stage. Thus so-called pathogenic phantasies always turn out to be related to some real happening, however ' distorted ' this may have been. So far we have been unable to isolate any single factor, or combination of factors, which can be regarded as a differential constant for any particular outcome. This paper is an attempt to consider some of the conditions present in the earliest period of life, with a view to discussing whether or no we can discern in these conditions any factors which can be regarded as specific for feminine development.

Dr. Payne's ' conception of femininity ',[3] as consisting of a special type of co-ordination between receptive, retentive and outgiving impulses, is in line with my suggestion that ' what would seem to be specific in women is not any psychic drive as such, but the balance that has to be achieved and maintained in order to produce an integrated feminine personality '.[4] We agree, that is, that the differences between men and women depend to a great extent upon the establishment of a different ratio among impulses common to both. There is now, however, some evidence that female genital impulses do appear even in the suckling. These impulses may perhaps be regarded as primary, because they arise in the genital system itself. If they are primary, they do constitute a specific instinctual determinant in feminine development. Dr. Payne [5] referred to the work of Horney, Klein and Müller, and made further contributions of her own to the positive evidence of vaginal activity in infancy. I will, therefore, only say in this connection that, owing to the very mixed nature of the infantile material as presented by adult patients, I was for a long time unable to feel at all sure that I could discover any conclusive evidence in my own data. But I have recently had a case in which I feel almost sure

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[3] Sylvia Payne: ' A Conception of Femininity ', *British Journal of Medical Psychology*, 1935, Vol. XV, pp. 18–33.

[4] Marjorie Brierley: ' Some Problems of Integration in Women ', This Journal, 1932, XIII, p. 446.

[5] *Op. cit.*, p. 22.

that vaginal contractions occurred both during happy suckling and during a time of acute breast frustration. The data here support not only the occurrence of true vaginal activity in early infancy, but its close association from the first with oral impulses. Hypothetically, such primary impulses may exist in the male since he possesses female anatomical rudiments, but they would seem to be negligible. If they exist at all, they presumably reinforce homosexual trends, but up to now it seems that male homosexual phantasy systems can be adequately accounted for in terms of oral and anal impulse derivatives. There is then an increasingly strong case for regarding primary female impulses as specific determinants of femininity. It follows that quantitative variation in the strength of these 'feminine' impulses relatively to other drives must be of great importance.

As far as the raw material of instinct is concerned, then, we may say tentatively that we have one determinant which is qualitatively specific to the female, and the possibility of a number of quantitative variations common to both sexes. Of these any one may be specific in the sense that it favours or hinders normal feminine development. Actually we know little about quantitative variations which exert favourable influence, but the work of Jones [6] and Klein [7] has made it clear that there is one variation which is particularly unfavourable, namely, an innate accentuation of oral sadism. Such an accentuation, which imposes an internal hindrance to suckling gratification, would appear to be a greater drawback than breast frustrations imposed from without. Where both types of frustration exist together they constitute a heavy initial handicap. Whatever later complications play a part in inducing frigidity, in my experience the vagina that cannot suck freely (because its secret sexual aim is biting-destruction) is frigid; and the vagina that cannot swallow and keep its milk down is barren. I have never had a case of frigidity in which proper vaginal functioning was established before oral anxieties had been worked through. Two semi-adapted patients are interesting in this respect. One is a cyclothymic who sometimes has an orgasm and sometimes not. She is particularly likely to have one when intercourse occurs as part of a reconciliation with her husband following a fierce verbal quarrel in which she is spiteful and sarcastic, i.e. snaps out very biting things.

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[6] Ernest Jones: 'The Early Development of Female Sexuality', THIS JOURNAL, Vol. VIII, 1927, p. 469.

[7] Melanie Klein: *The Psycho-analysis of Children*. Hogarth Press, 1932, pp. 272–3.

It seems that such a temporary lowering of sadism by discharge enables her to suck. The other patient, a conversion hysteric, once dreamed of eating a raw bloater, head first. This dream confessed one reason for her failure to reach orgasm. This woman's first marriage was nullified on account of vaginismus preventing intercourse. This is cured, she is happily married for the second time, and wants to have a child, but she cannot risk this yet, because the milk-semen is still too poisonous to retain. In this case there is some internal evidence that she did not want to suck and historical evidence that the milk supply was inadequate. The mother seems to have been very anxious about this, and may have tried to over-feed the child with unacceptable substitutes. At any rate the baby had severe dysentery, and there is the clearest internal evidence that she attributed this to poisoning: her pregnancy conversions are all stomach ' bloatings '.

Instinctual determinants are, however, only one-third of the story. We have also to take into account the possibility of innate variations in capacity for instinct organization and control. It is only reasonable to suppose that congenital differences in brain structure must be reflected in variations in ego-structure and function, but we know almost nothing about these innate differences except the very general one which we express psychologically as variation in anxiety tolerance. Nor can we exclude the possibility that some ego-patterns may be inherited. I believe I am correct in saying that there are no striking differences in male and female brain structure, except in relative size, or in intelligence as measured by the test psychologists. We shall be inclined to suspect, therefore, that there are probably no distinctively feminine variations in ego-capacity at birth. The point I wish to emphasize, however, is that the progressive co-ordination amongst impulses in relation to objects, which is ego-development and which should issue in an integrated personality, begins from birth. It is a continuous process of organization. This means that the story of integration has to be told not merely in terms of impulse, but in terms of ego-development. We are most likely to find specific determinants of development in the pattern of the ego co-ordinations which result from the earliest interplay between endo-psychic and environmental conditions. Oral impulses may dominate the early scene, but it is improbable that they ever exist in isolation. From the first they tend to establish object relations and to link up with other larval sensory and discharge systems. Thus not only do head, eye and hand movements become co-ordinated towards the breast, but the frequent

occurrence of wetting during or after feeding seems early to result in a composite feeding-wetting reaction in which the wetting is loving or hating according to the character of the sucking experience. As Edward Glover [8] has said, ' oral primacy is much more relative than we have supposed, and it is capable of more detailed subdivision '. Freud [9] believed from the first in the possibility of an interchange of excitation between erotogenic zones, or a spread of excitation from one zone to another. He himself uses the terms ' fusion ' [10] and ' defusion ' in relation only to combinations of libido and aggression, but Ferenczi [11] familiarized us with the idea of confluence of impulse from different sources in his notion of amphimixis of urethral and anal impulses in the male genital act. Since Abraham [12] first wrote that ' the pleasure in sucking undertakes a kind of migration ', we have become increasingly familiar with the notion of displacement. In particular the work of Freud, Jones and Deutsch established in women a displacement series on the organ side from mouth through anus to vagina, and on the object side from nipple-penis to fæces-child. These confluences and displacements would appear to become stabilized only through their organization in ego-systems. What we describe dynamically as a definitive displacement of impulse is structurally an ego-modification ; it is in fact one of Glover's early ego-nuclei. I believe we should gain something at this stage by thinking of primacies less in terms of impulse as such than in terms of ego-organization. Glover [13] has suggested that we should recognize from the point of view of object displacement an oro-mammary and an oro-phallic phase, but from the point of view of impulse linkage, we can distinguish in women at least three main groups of ego-nuclei, oro-vaginal, oro-urethral and oro-anal, which are established relatively independently and, if not simultaneously, in very rapid succession. All these satisfy Glover's defini-

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[8] Edward Glover : Review of *The Psycho-analysis of Children*, This Journal, Vol. XIV, 1933, p. 123.

[9] Freud : *Three Contributions to Sexual Theory* (4th edit.). Nervous and Mental Disease Publishing Company, New York and Washington. P. 45.

[10] Freud : *The Economic Problem in Masochism* (1924), C.P. II, p. 240.

[11] Ferenczi : *Versuch einer Genitaltheorie*, Kap. I, I. P. Verlag, 1924.

[12] Abraham : ' Oral Erotism and Character ' (1924), *Selected Papers* p. 396.

[13] Edward Glover : *op. cit.*, p. 123.

tion,[14] ' any psychic system which (*a*) represents a positive libidinal relation to objects or part-objects, (*b*) can discharge reactive tension (i.e. aggression and hate against objects), and (*c*) in one or other of these ways reduces anxiety, is entitled to be called an ego-system or ego-nucleus '. There are doubtless many other nuclei, but these three stand out. The oro-vaginal system is hard to discern, and is perhaps never so strong as the other two in the earliest phases, but it is surely a specific determinant. As far as I have been able to gather, it is less the relative weakness of the oro-vaginal system that matters than its establishment under pleasurable or painful conditions, i.e. the degree of sadism with which it is invested. I am sure Melanie Klein is right in thinking that oral frustration stimulates vaginal activity as well as nipple-penis object transference. I may mention here a transference dream in which the patient was watching with longing envy a father-substitute eating a green English cabbage, which represented a favourite delicacy in the country of her birth. Her first spontaneous association was not as might have been expected anything to do with breasts, but ' pussy '. She woke from this dream with what she described as twitchings in her vagina. Stimulation during oral frustration is liable to give vaginal activity a ' biting ' character, but stimulation during satisfaction, e.g. at a climax of sucking pleasure, will favour the establishment of positively toned sucking impulses.

I am inclined, however, to go further, though I admit this is speculation based upon evidence from one particular case. In my opinion the only babies that are headed for normal femininity may be those whose vagina participates to some, albeit very slight, extent in happy suckling.

It would seem that imperfect integration of urethral impulse has a great deal to do with sterility. Oro-urethral women are not only impatient of delay in getting what they want, they are markedly impatient of delay in action, and it is the women in whom this urethral quick emission (often aided by oral vomiting tendencies) is not adequately neutralized by anal retentive trends who fail to conceive and tend to miscarry after conception.

Even more important than the character of the oro-vaginal nucleus is the balance or pattern obtaining between the three early systems. While endorsing Jones' view concerning the rôle of oral sadism in the

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[14] Edward Glover : ' A Psycho-analytic Approach to the Classification of Mental Disorders ', *Journ. Mental Sci.*, 1932, p. 8.

genesis of homosexuality, I am inclined to believe that what is significant here is not the purely oral sadism, but a strong blend of oral and urethral sadism. Where the primitive oro-urethral system is highly charged relatively to the other ego-nuclei, it tends to retain its dominance in later life, and to produce overt homosexuality or a life of sublimated activity without direct gratification. There must be many women who achieve a fairly satisfactory integration about such an oro-urethral focus. The cases which come to analysis are usually those in which such dominance is incomplete, ' hybrid ' types in which the oro-urethral system is too highly charged to permit its satisfactory co-ordination with other systems. These ' hybrids ' show varying degrees of more or less permanent conflict between their masculine and feminine part-selves, as manifested in symptoms, inhibitions or character difficulties. Helène Deutsch [15] described the little girl's clitoro-phallic interests as an interruption in the course of her feminine development ; she traced the genesis of primary penis-envy to urethral sources. Melanie Klein [16] noted the intimate relation between oral and urethral sadism that is revealed in children's phantasies. My own clinical data convince me that both feminine penis-envy and the male envy of the paternal penis are also rooted in oral envy. This resentment and humiliation associated with envy appears to be roused by the unwelcome discovery that the breast is independent and not under the baby's control.

The ' accomplished fact ' is not castration, as Freud stated, but separation from the nipple and, from this point of view, the girl's discovery of her lack of a penis is a painful rediscovery of the desolating fact that the vitally essential nipple is not her own. In a similar way men with strong homosexual trends often show clearly that they regard the possession of a penis as a very poor compensation for the loss of a nipple, e.g. the furious phantasy of an orally exasperated male patient who cut off my breasts, stuck on a penis, and kicked me out of the window with the words ' see how you like that ! '

It is certainly common knowledge, which I need not labour, that female homosexual phantasies and sublimations are very frequently strongly urethro-phallic in character. I will quote only one case in which it seems to me particularly clear that this over-accentuation of

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[15] Helène Deutsch: 'The Psychology of Women', THIS JOURNAL, Vol. VI, 1925, p. 407.

[16] Melanie Klein: *The Psychoanalysis of Children.* Hogarth Press, 1932, p. 186.

oral-urethral part-ego systems, highly charged with both love and hate, was what effectually prevented full integration, and resulted in an unstable personality, an ego divided into a homosexual oro-urethro-phallic system on the one hand, and an oro-anal-vaginal on the other. Naturally the division is not sharp, and there is a great deal of overlapping, but in this patient the lack of integration which she herself complains of as having no definite self, not being her own self, etc., is due to the fact that her ego is still grouped round two main nuclei which have hitherto proved irreconcilable. Clinically she is a suicidal depressive, melancholic rather than hysterical, though a great part of her transference reactions take the form of conversion symptoms. She has the typical impression of being an unwanted, unloved child, an impression which in her case does seem to be borne out by the facts. Thus, she was probably born at seven months of a mother already weary of child-bearing. She had a number of dreams expressing both strong resentment at this premature expulsion and longing desire to return to the womb. Another baby, a boy, was born when she was only about eleven months old, and there is therefore a strong probability that she was weaned both early and quickly. The internal evidence is of acute severe oral deprivation, father and brother both appearing first as rivals for the mother's breast. Nevertheless, there is evidence that urination was for her, at some time, a loving return for milk received, though this aspect seems to have been rapidly overlaid by frustration converting the reaction into a sadistic protesting one. She can never remember wanting to live, and it is only the preservation of object-attachment to women based on this tiny core of sucking satisfaction that has saved her. She has preserved such power of loving as she has hitherto had by saving the mother through obsessional hatred of men, and maintaining her belief in a good nipple by concentrating nipple badness on the penis. Her love-relations with women, though generous, are greedy and exacting, and accompanied by intense anxiety about harming them (reinforced almost fatally by the suicide of a lover), and by dread of losing her individuality and being devoured by them. The interesting fact is that she seems to have had some early vaginal sensations during suckling also, and certainly during her weaning frustration. Though she has never fallen in love with a man, she has had several lovers and a husband, and is not frigid, although it would seem that her aim in intercourse is definitely a revenge one. I suspect this revenge gratification has been permissible because of its protective value for the mother. It is only after eighteen

months' analysis that the possibility of better relations with men is slowly appearing, and that she is instituting a search for a good penis as an object. Her sublimation is writing, a restitutive making-water made possible by the early grateful urination, but one much impeded by sadism and by impotence for good. In common with so many homosexual women, she is not so much castrated as convinced that she is the possessor of a bad penis and not a good one. The oro-anal system in this case is also strongly marked and has become merged with the oro-vaginal, on the object side; the urethral nucleus is a mother-love system, while the anal-vaginal organization is one of father-hatred, reinforced by ' bad ' mother transferences.

This brings us to the question of what happens to babies in whom the oro-anal system is more prominent than the oro-urethral. Anal preoccupations are often very obvious in cases of frigidity, and I have wondered whether it is oro-anal accentuation which is a determinant here, but on the whole I am inclined to believe that it is necessary for normal feminine development that the oro-anal system should be stronger than the oro-urethral. It is this latter whose subordination is necessary in women, whereas in men, through its linkage with phallic systems proper, it has ultimately to establish ascendency over the oro-anal.

From the point of view of mental structure, then, Dr. Payne's optimum impulse co-ordination[17] might be described as an ego organization dominated by a favourable combination of oro-anal-vaginal nuclei successfully subordinating, possibly by means of sublimation, oro-urethral nuclei.

The description of impulse-co-ordinations and ego-nuclei as such is still, however, only a small part of the story, because these co-ordinations come about in relation to objects, and we must continue the search for specific determinants into the history of object-relations, of the ego-differentiations which occur in relation to objects and of the environmental factors which influence these processes. It is in this field that we owe such a tremendous debt to Mrs. Klein, but it is still in this field that we are most beset by difficulty in thinking and conceptually and psychologically muddled terminology.

Clearly the character of the first formed ego-nuclei, the order of their appearance, their relative importance and their first inter-co-ordinations, will be determined by the infant's initial experiences.

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[17] *Op. cit.*

These experiences emerge as responses of ego-potentialities to the inter-play between impulses and environment. In other words ego-organization will be the resultant of the interaction of these three sets of relatively independent variables. It behoves us to examine again our theories concerning the beginnings of experience if we hope to detect the point at which a feminine bias may first shew itself. I will limit any remarks on general theory to the points which seem to me indispensable to the present issue. But we cannot remind ourselves too often that our starting-points here are hypothetical. We assume at birth, and possibly for some time before birth, a state of affairs which we call primary identification or absence of differentiation. In so far as this latter term implies the absence of processes of cognition it seems justifiable, but so far as feeling awareness is concerned primary identification seems preferable, because, so far as we can judge, this dawning consciousness is primarily a state of feeling. I am not at all sure that we are not idealizing in retrospect when we describe life in the womb as a state of bliss. Restive movements and violent kickings surely suggest the possibility of trouble in paradise. There is certainly evidence in dreams which can be, rightly or wrongly, interpreted as impressions of the limitation of movement by the walls of the womb, auditory impressions relating to the mother's heart-beat and her intestinal noises, not to mention the innumerable intrauterine coital and other phantasies. Whatever views we hold as to the relations between anxiety and birth, we can scarcely fail to agree that birth must be a rude shock and a highly anxious experience. We have as yet, however, very few facts about the relation between type of birth and degree of anxiety development, no adequate data to enable us to compare the effects for instance of Cæsarian and normal delivery, or head and breech presentation. All we have is impressions that, in particular instances, birth vicissitudes have acted as initial predisposing handicaps, e.g. the premature birth of my suicidal depressive patient. Another patient with death, especially coffin, obsessions and suicidal impulses, had an exceedingly prolonged difficult birth after which her mother was too ill to feed her. I have little doubt that the combination of these two factors was very largely responsible for the intensity of her mother-guilt and the danger to herself of her mother-identification, though her strongly developed lower jaw hints at an innate factor too. The cutting of the cord seems sometimes definitely traumatic. In one woman hysterical hyperæsthesia of the navel region served to divert anxiety from her genitals. Although she was

frigid she had no vaginismus, and welcomed intercourse, but shrieked if her navel was touched. In general, however, these factors affect all male and female infants alike, but it seems possible that they may be a specially severe handicap in women inasmuch as they increase the danger of the mother's body, and therefore the danger of identification with her.

At birth the child's senses are forced into activity by the new stimuli pouring upon them. We gather that these provoke at first almost entirely reactions of protest and avoidance, which may carry with them some attempt at primary repression. Massive accidental stimuli may well give rise at first only to feeling and reflex motor reactions without psychic representation, but we have evidence, both analytical and behaviouristic, that the child's urge to suck, coupled with its alternating experiences of satisfaction and frustration in relation to the presence and absence of the breast, evoke early differentiation of the nipple and breast from the surrounding chaos. The child begins to perceive the breast and to achieve some degree of sensori-motor co-ordination in relation to it. This dawning perceptual awareness may lapse during suckling into primary feeling identification. but its repetition will lead to the building up of an object system. A larval ego-nucleus may be presumed to exist as soon as any set of impulses with their associated affects become canalised in relation to a definite object. We must, however, remember that object differentiation is not a simple process, but is effected through the co-operation of all the mental functions. Thus we may say that instinct finds or leads to the object, affect colours it and perception delimits it from the rest of the environment.[18] According to Freud, and to our common experience, sensory stimuli tend to be perceived as coming from without. This character of perception Freud termed primary projection. This character provides the child with a bridge to external reality from the start, and is the basis of all our acquaintance with the outer world. But perception surely has another intrinsic character. If we are to maintain, as we do, that all our objects are psychic, we must suppose that perception involves not only primary projection, but psychic presentation of the object, that is, primary introjection. It is this presentation-forming character of perception which underlies all

[18] The psychic object, inasmuch as it is a presentation of the external object, will naturally reflect its peculiarities. Hence the specificity of object development and the moulding influence of environment from the first.

our capacity for thinking, inasmuch as it provides the material for thought. Further primary projection and introjection are cognitive characteristics of perception, they are conditions of knowing, as distinct from feeling and acting. As cognitive processes they must be distinguished from the so-called defence mechanisms of introjection and projection which involve affective and impulsive processes as well. Massive feeling projection and externalization of aggression through muscular movement can presumably occur before object differentiation, but once this has begun the feelings and impulses associated with the real object link up with the psychic presentation. We are accustomed to describe the impulse feeling investment of the presentation as cathexis of the object, the psychic aspect of the total organism's set towards the real object. This is a term we should retain though it is doubtful if we can any longer limit it to purely libidinal investment. As soon as feelings are firmly linked to objects the process of instinctual defence becomes a process of defence against objects. The infant tries to master its feelings and impulses by manipulating their object-carriers. The alternating series of introjections and projections which Melanie Klein first brought to our notice is a series of such object manipulations. The child knows nothing about psychic objects ; it feels and behaves, as we all do at the perceptual level of consciousness, as if the real object were the object it loves or hates ; it may locate this object in the outside world or in its own body, but psychologically location in the body is just as much a matter of projection as location outside, the only psychic objects are in the mind, ' introjected ' in the primary sense, but not all objects are internalized in the defence mechanism sense. What the infant experiences or phantasies as incorporation, may result in the modification of ego-structure which we call S.E. differentiation, but this latter is a conceptual explanation of what happens in the psyche when the child is undergoing a certain experience. The processes of introjection and projection are psychic processes which must be distinguished from concomitant phantasies and bodily efforts to cope with concrete objects. They effect the organization of the psyche, object and ego differentiation proceeding simultaneously. The difficulty in relating the ' internalized ' object with the later parental identifications disappears to a great extent if it is remembered that psychologically they are all presentation-systems which become integrated into a super-ego organization.

Suckling experience provides not only experience of an external object, but of the child's own organs. Sucking is a mouth-nipple

relation, i.e. body differentiation begins and goes on parallel with external object differentiation. Cathexes of body-presentations and object-presentations therefore seem to start fairly level. Possibly the reinforcement of oral by vaginal impulses in female infants may tend to enhance the primary mouth cathexis in women, but in the main the more generalized body cathexis in women seems to be associated with their deeper internal anxieties, which become prominent after weaning.

Ferenczi [19] first suggested, and Melanie Klein [20] has confirmed, a tendency to produce a parallel series of good and bad objects, and we are accustomed to relate these to good and bad sucking experiences respectively. The child's first images are probably indistinguishable from sensory perceptions. Freud thought the unsatisfyingness of the image drove the child to seek the real nipple. Dr. Hardcastle [21] recently suggested that this unsatisfying image, revived during privation, which presumably no infant can escape, may provide a constant nucleus for the ' bad object ' formation which always occurs. This helps us to understand why it is that real satisfactory sucking should be so vitally important. The sharper the contrast between unpleasant frustration experience and satisfaction, the greater the tendency to denigration of the bad object on the one hand and idealization of the good on the other. It is just in those neurotic women and homosexual men whose relation to reality seems to be still primarily a sucking one that one finds these tendencies most marked, and they are often coupled with strong mystical urges which seem to be really longings to get back to the primary identification of happy suckling. These are the insatiable lovers, the sojourners in a strange land who can only make contact with reality through the re-finding of the idealized nipple or its penis substitute, and who conceal behind their idealization the most savage destructive drives. It seems sometimes as if the realization of dependence upon an independent object is more intolerable than actual privation. The resentment is so bitter, because it is bound up with such intense ' helpless ' anxiety.

We have considered the psychic objects so far as presentation nuclei of ego-systems, but they are evidently also potential super-ego nuclei. It would seem that good object systems tend from the first to

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[19] Ferenczi: ' The Problem of the Acceptance of Unpleasant Ideas ', this JOURNAL, Vol. VII, 1926, p. 312.

[20] *Op. cit.*, p. 213.

[21] Hardcastle: ' A Suggested Approach to the Problems of Neuro-Psychiatry ', *Journ. of Mental Sci.*, 1935, p. 9.

be assimilated to the developing me-systems, and that this tendency is the justification for Freud's original assumption of a pure pleasure ego. Certainly these systems tend to integrate with the later good parent identifications, and may be regarded as ego-ideal or good super-ego organizations, inasmuch as they increase the narcissistic charges and turn love back on the self. My impression is that in the adult the line between ego and good co-operative super-ego is never sharply defined. The bad object systems, on the other hand, tend from the first to be isolated, and the stronger the child's sadistic reactions the sharper the cleavage, and the more savage and unmodifiable the early super-ego. Clinically it is always the bad hostile super-ego systems with which we have to cope. The distinction between ego and super-ego identification seems to turn mainly upon this point, that ego-identifications occur readily with loved objects and super-ego with hated ones. This point was brought home to me by a suicidal homosexual patient. She had a markedly ambivalent attitude to her lover, in which the hate was mainly concealed by over-compensatory exaggerated love. After her lover's suicide there occurred an ego-identification of the type which seems to go with normal grief, but which was more complete than usual. She literally felt and thought and acted as if she were the dead girl, but at the same time the whole of her suppressed hostility reinforced her super-ego so that she fell into the most profound depressions. What saved her was, I think, only the desire to preserve the dead lover by preserving herself. Early super-ego formations may prove a serious obstacle to therapeutic success. We must all have had cases which go swimmingly up to a point, at which we encounter obstinate masochistic tendencies and where, do what we will, the patient for a long time presents us e.g. with transference-symptoms in place of transference-rages. Such masochism may seem ' primary ' in Freud's sense, but my impression is that it is to be accounted for in terms of the strength and inaccessibility of primitive super-ego organizations, which instantaneously switch the earliest aggressions against the self, a primitive automatism which is exceedingly hard to modify.

The range of variation which is possible in the character of the initial oral ego-nuclei is reflected in the immense range and complexity of oral symptomatology. Here again we know practically nothing of the specific determinants. We can recognize the developmental importance of a rather vague optimum relation between good and bad sucking experience only because we have some not very conclusive

evidence that too complete or prolonged gratification, oral ' spoiling ', acts as an incentive to fixation, partly because it makes the sadistic reactions to weaning unusually intense. Any factor that increases the sadistic attitudes to the mother's body, and consequently its dangerousness, makes for homosexuality in both men and women, but in women it seems to operate by enhancing the dangers of identification with her, and by accentuating the badness of the father's penis. Normal femininity goes with a safe identification with the mother and equation of the penis with the good nipple. Where the nipple is very ' bad ' the penis will be ' bad '. At the same time the character of the penis will also be greatly influenced by the nature of the father relation. Where the father definitely figures as a rival, and where he does nothing to help the child to make friends with him, the worst possible conditions appear to exist. Thus the suicidal depressive who had the cabbage dream had a father who was a violent tempered person with little use for women, and who always showed a marked preference for his male children. The repression of genitality in hysterics is associated with an identification of penis with ' bad ' nipple. In hysterics, dread of violation often co-exists with good relations to personal paternal substitutes, and platonic relations with such fatherly figures may be actively sought as a protection against the violent penis. The impression remains, however, that not the best of fathers can avail to make the penis safe where the nipple is initially too ' bad '.

The point I want to stress is this. It is not only the character of the early oral nucleus itself that is so important, but the fact that other nuclei develop practically at the same time. Further, the nature of the early linkages is vital. Thus, in the suicidal depressive, it is the early loving oro-urethral linkage and its early preponderance over the oro-anal which seems to have been responsible both for her overt homosexuality, for the character of her sublimation and for her escape from suicide. In a conversion hysteric it is the early co-ordination of hand movements with the oral nucleus and the linkage of them with masturbatory systems that is responsible for her leading symptom, a hand paralysis. The raw bloater eaten in her dream was held in the hand. There is evidence that she masturbated as an infant (possibly in lieu of thumb sucking) as a hunger-soothing manœuvre. The transition seems to have been aided by napkin irritations.

In her case the oro-anal linkage is as prominent as the oro-urethral, partly, I think, because it was emphasized by an attack of dysentery in infancy. Early intestinal disorders may no doubt often be reactions

to ' bad ' feeding experiences, but they certainly act as traumata increasing this badness and the ensuing tendency of the penis to be ' bad '. Also we have to recognize that the breast and nipple, and the personal mother who owns these objects, do not constitute by any means the whole oral object-system. Too little stress has been laid upon the object-rôle of the milk both good and bad. The feeling of ' goodness ' inside which Mrs. Rivière [22] has stressed as an essential feature of happy womanhood has a very definite prototype in comfortable fulness with good milk. The patient with the hand symptom was put on the bottle because her mother had an inadequate supply of milk, and the mother apparently tried to make up for this by over-feeding the child with unwelcome substitutes. At any rate the patient complains that her mother gave her both too little and too much, and the phantasy runs that the ' too much ' poisoned her and gave her dysentery. She is now in the stage in which a good penis exists for her, but what comes out of it is still ' bad '. The semen retention necessary for child-bearing is related to the inability to swallow and keep down the milk. An obsessional depressive carried two children to term by the help of retching, vomiting and diarrhœa in the first pregnancy and bouts of pain and diarrhœa in the second. She retained the babies to term by concentrating her expulsive efforts on her alimentary ' objects '. Just as too strong an identification of semen with water in men is liable to give rise to premature ejaculation, so in women it seems to predispose to the risk of miscarriage, because the oro-urethral discharge tempo is quicker than the oro-anal. The child urinates more frequently than it defæcates. Pregnancy will go to term where the identification of child with good fæces is stronger than the identification of semen with dangerous water.

Owing to the intimate integration of oral and vaginal ego-systems necessary for femininity, women's characters and relations to reality are specially likely to be dominated by very early attitudes. Women, not infrequently, accuse men of childishness, but even normal women are often frankly babyish. Mrs. Klein [23] noted the greater normal dependence of women on their objects, their lesser ability to tolerate separation equably, etc., and she rightly connects this with their greater anxieties about their internal objects. Up to the present I think we have under-rated the rôle of menstruation in keeping alive

[22] Joan Rivière : Review of *New Introductory Lectures*, this JOURNAL, Vol. XV, 1934, p. 337.

[23] *Op. cit.*, p. 316.

these anxieties. Over and over again I have found that the uncontrollability of the menstrual flow is a very important feature. The woman who is menstruating is temporarily in the position of the infant who cannot control her evacuations, and is subject to a revival of the anxieties which attended the original establishment of sphincter control. This monthly flow is an ever-recurring proof of the operation of mysterious forces 'inside' which are not amenable to voluntary control. But I think one can also recognize in this dependence the persistent influence of the early very real dependence upon the breast, which is kept alive by real adult love-dependence. It may be argued that the sexes are mutually dependent, but the hard fact remains that a woman cannot obtain gratification unless her partner has an adequate erection, whereas, except in the relatively infrequent cases of complete vaginismus, a potent man can usually penetrate a 'cold' woman. Clever women through all ages may have perfected techniques for 'managing' men, but they are all in the long run as dependent upon men for the fulfilment of their love-lives as babies on their mothers for nourishment. Social emphasis on monogamy and feminine chastity and economic subordination have tended to increase this psychic 'dependence'. Such characteristics as possessiveness and rather tyrannous exaction all have mixed determinants, but there is hardly one of the features commonly attributed to women as feminine including the proclivity to gossip, in which one cannot trace oral factors. Men, of course, have all sorts of anxieties which can be traced to oral roots. The point is that it is much less easy for women to escape from the more primitive original forms of these anxieties, because the conditions of their adult life themselves tend to keep them alive.

The persistence of infantile oral conditions is one clue to the riddle of feminine super-ego formation. I believe that Freud [24] is right in thinking that super-ego development is more likely to be incomplete in women than in men, in the sense that it is liable to be arrested; integration may be incomplete or it may occur about oral rather than about genital nuclei. In either case the result is an infantile rather than a truly adult type of super-ego. This oral weighting carries with it the tendency to continue to make large use of projection defence, i.e. to experience guilt in the form of social anxiety and shame rather than pangs of conscience. The fear of death, so common among relatively normal women, proves on analysis of abnormals to be

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[24] *The Passing of the Œdipus Complex*, C.P. II, p. 275.

directly based upon fears of oral annihilation. It is a super-ego reflection of oral sadism, though of course blended with other factors. This oral source came out clearly in a sudden feeling on the part of the death-obsessional that she must not tear a banana off a bunch and eat it because it would hurt it.

You will realize that I have made no attempt at a thorough survey of infancy. What I have tried to do is to stress how very early integration begins, and how very important these beginnings are. Our clinical data have convinced us that whatever other objects may be differentiated in the suckling period, breast-nipple and milk objects are of primary importance. It seems probable that not only the pure oral ego-nucleus comes into being in relation to these objects, but that some of the earliest linkages between nuclei arise through their co-ordination about these common objects. It seems to me essential to realize that it is no good looking for ætiological constants in single factors, innate or environmental as such, but only in the effects of these as registered in the structure of the developing ego-systems. The pattern of the earliest integrations may well define the ground plan of future development. This does not mean that we can afford to neglect the ætiological significance of later happenings. There may easily turn out to be a chain-series of determinants operating in successive age-periods. But later events can only modify the effects already produced in the psyche by their predecessors, and for this reason I think we should look to the earliest integrations, and to all the conditions affecting them, external and internal, for our initial determinants. Whether we shall ever collect enough data to define them with any certainty is another matter. With regard to specific suckling period determinants of feminine development, I have only the following far too general suspicions, namely—(*a*) that the establishment of an oro-vaginal nucleus by activation of the vagina during pleasurable sucking predisposes to normal feminine development where it is not over-weighted by other factors ; and (*b*) that the establishment of an oro-urethral nucleus under conditions which make urination a libidinal response will favour homosexual sublimation, but if this system is over-developed in relation to the oro-vaginal and oro-anal, and particularly where it is highly charged with sadism, it predisposes to overt homosexuality ; (*c*) that a relative predominance of the oro-anal over the oro-urethral systems favours heterosexuality, though heterosexual development may be imperfect if the initial sadistic charges here are high.

A CONTRIBUTION TO THE SUBJECT OF TRANSFERENCE-RESISTANCE [1]

BY

GRETE BIBRING-LEHNER

VIENNA

Ladies and Gentlemen,—Those of you who can look back to a long record of analytical experience will have perhaps been able to observe that in a certain, well-nigh typical class of case, which need not necessarily be characterized by special difficulties in structure, your therapeutic efforts have been of little or no avail. It was this circumstance which first led me to state the problems now to be discussed.

In the second place we find that an analysis which has threatened to break down, among other reasons, because even painstaking analytical work has proved incapable of overcoming the patient's transference-resistance (positive or negative) often undergoes a remarkable change in the further course of its development so soon as the patient is obliged, whether for external or internal reasons, to find another analyst. This fact can be observed most often and most clearly when the sex of the second analyst differs from that of the first. We then find, after a comparatively short time has elapsed, that certain resistances, which it had been impossible for month after month to overcome, now become accessible to analysis, but above everything, that the transference situation assumes a different complexion. No doubt, even in cases where a patient simply breaks off analysis and later resumes it with the same analyst, we often observe what appear to be favourable changes occurring in the analytical work accomplished by the patient, as a consequence of this proceeding. They are conditioned for the most part by the circumstance that the interruption has the effect of a warning and increases the patient's willingness to satisfy the analyst by more energetic co-operation. So far as it rests with the patient, his ego-resistances are thereby reduced and he takes greater pains over the analysis. Nevertheless these changes scarcely ever produce effects such as those that arise in the circumstances mentioned above, nor are they so long maintained; and, above all, they do not affect the transference relationship to an equal extent.

We are accustomed to attribute the responsibility for a neurosis to

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[1] Based upon a paper read before the Thirteenth International Psycho-Analytical Congress, Lucerne, 1934.

a combination of two factors, namely the instinctual structure and the influences of reality in childhood. On the other hand, we conceive the transference-neurosis (i.e. the infantile attitude in the patient's relation to the analyst which is artificially revived by the analytic situation) as an expression of unsatisfied and repressed instinctual wishes, which are now in turn directed to the analyst as an imaginary object and remain on the whole unaffected by the analytical environment in which they flourish. The transference-neurosis is not a reactive, but an active manifestation ; it is regulated not by reality, but by the spontaneous pressure of the id. The influence which analysis exerts on the formation of the transference is rather more general in its implications ; our uncovering of the Ucs promotes in an especial degree the tendencies to transference already present in the neurotic, and the progress of analysis brings about a deployment of those aspects of the transference which are appropriate to each stage of the analysis.

I will now give an account of two cases in which this conception of the spontaneous nature of the transference-neurosis and of its independence requires, as I think, some qualification, and which rather suggest that under well-defined conditions a part of reality, represented in the person of the analyst, may exercise a not inconsiderable influence on the course and shape assumed by the transference. In this way I hope to find a link with the two problems from which I started, why with certain cases failure occurs as an almost typical experience in analytic practice, and why a change of analyst will often have such beneficial effects on the analysis.

A patient who had been treated over a long period by a very experienced analyst—the analysis had to be given up mainly for external reasons—suffered from severe anxiety- and punishment-phantasies, elaborated with the most uncompromising detail, in connection with ideas of the Last Judgement. The single elements in this impending settlement of accounts with God centred, as appeared from the abundant analytic material, round his childhood relation to a father who had in fact been very sadistic, and had committed daily excesses in punishing the little boy. His associations on the subject made a thorough discussion possible of his homosexuality, his masochism, his active and passive castration-wishes in relation to his father, and his sense of guilt originating in anxieties over masturbation. His relation to the analyst was on a basis of father-transference and was consequently expressed in a violently aggressive and provocative demeanour, coupled with a paralysing fear that the analyst would fall

upon him, strike him and throw him out. But in spite of the many interpretations offered and detailed analysis of the patient's behaviour and attitude, no change at all took place either in the form or content of this transference, which had developed into a violent resistance. An unproductive period continued in this way for months ; the patient repeated the same material which yielded nothing fresh. During this phase the treatment was broken off owing to the intervention of external factors and the patient was sent to me for treatment, not because any hope was entertained that the analysis would benefit greatly (the analyst in question took a very pessimistic view of the case), but because an attempt had to be made to free the patient from the transference, which was a source of torment to him. After a relatively short time had elapsed, the patient established a mother-transference, without at first giving up his attitude of aggression and anxiety. Nevertheless he now shewed himself willing to discuss the transference-situation belonging to the previous analysis. We then discovered that throughout the whole period occupied by the earlier analysis the patient had been under the impression, never revised, that his analyst had in fact the same dangerous personality as his father. I must here insist that this impression remained wholly unmodified in spite of every effort on the part of the analyst to make clear its transference significance. The roots of this idea were to be found first and foremost in the strict and somewhat uncompromising attitude which our colleague had decided to adopt in the present case, a procedure readily suggested by the imperious and childishly exacting character of the patient's transference. In addition to this the analyst happened to make use of certain expressions which the boy's father had similarly applied to him as a child. But the result of this was that the real differences between these two figures ceased to exist in the patient's mind. His reactions in this situation formed an exact counterpart to those of his childhood, with its anxieties and rages, and were regarded by the patient as a legitimate, indeed a natural, form of behaviour. Only when a transference to the second analyst had been established in its turn and the other relationship had then assumed a more normal degree of intensity and perspective, was it possible for the patient to introduce the necessary corrections. Withal, our efforts were principally directed to examining every reproach levelled against the first analyst from the point of view of reality and, in appropriate instances, establishing connections with the corresponding experiences of the patient's childhood, which formed the basis of those reproaches.

There was nothing surprising in the developments which now occurred. The patient's transference-manifestations and resistances underwent a change, fresh mental content emerged into the foreground, and in the light of the material we were able to extend our insight and acquire the needful further understanding of his symptoms which had so long remained absent. It was now possible for the analysis, which had at first seemed hopeless, to make successful progress along normal lines.

The point of most interest to us here is the fact that processes which ordinarily occur within the limits of a single analysis were, in the present case, sharply divided and apportioned between two separate analyses. We may sum up as follows: the first analysis really foundered on the powerful resistances of the patient's transference, which derived their peculiar accent from the circumstance that the analyst both by reason of his sex and of certain elements in his behaviour, indeed even by his use of certain expressions, forfeited as it were the phantom-like qualities of his existence and so became a kind of re-incarnation in reality of the most significant figure in the patient's childhood and neurosis, his father. This led to so great an increase in the patient's reactions of anxiety, hate and deep distrust that in spite of persistent interpretation in connection with his central problem, his relation to his father, the analysis was unable to penetrate to deeper levels. In the second analysis, a mother-transference was early established. This enabled the patient at last to put himself at a certain distance from his conflict with his father and subsequently to resolve the infantile relationship. When at a later stage the patient produced a fresh father-transference, it was in a substantially milder form. There are two factors which appear to me important in this connection: first, the aggressive and anxiety-ridden relation to the father was more readily capable of being transferred to a male analyst; and secondly, a cognate factor on which I would like to lay special stress, the similarity noted in relation to the real behaviour of father and analyst had decisively strengthened the patient's resistances.

The same experience could be made in another case which proceeded in the reverse direction, from myself to a male analyst. The case in question was that of a patient twenty-three years old, suffering from impotence, which was only temporarily relieved with prostitutes after he had carried out certain oral perversions. In addition, he had a particularly disturbed relation to his mother, a stern, energetic and masterful woman. This was essentially due, on the one hand, to his utterly childish dependence on her, which obliged him in everything

to conform strictly to her views, and on the other, to the hatred which led him to oppose her and hurt her by playing the part of a backward and helpless child, an attitude which had a profoundly disturbing effect both on his love-life and on his career (he was employed in his mother's business). Already after a short period of analysis the unconscious determinants of his symptoms were revealed in his strong oral demands, which went back to painful disappointments experienced at the hands of his mother. The patient's whole youth consisted in a series of exceptionally severe frustrations ; for example, from earliest childhood advantage was taken of every opportunity which offered to send the child away for months to be looked after by strangers ; when he did stay at home with his parents, his education was taken in hand by governesses, of whom his mother demanded severity ; while she herself, much absorbed as she was by her business interests, treated him for the most part only to punishments, blows and derision. The father, who as compared with his wife occupied a subordinate position in the household, displayed a somewhat more friendly and understanding attitude towards the patient until his sixth year, and turned away from the child in disappointment and anger only when his severe difficulties in learning became apparent, which was already the case during his first year at school. The transference soon set in in its full force and led to the most violent scenes in the analysis. It presented the same picture as his relation to his mother ; in this connection the fact of my profession specially contributed to make a profound impression on the patient and played a very important part. In accordance both with the outlook of the petit-bourgeois milieu in which the patient lived and, more especially, with his own neurotic inhibition in intellectual fields, a woman engaged in an intellectual profession represented for him a masculine woman, in exactly the same way as his mother did, who, apart from her qualities already mentioned, also held the chief position in her firm. The main difficulty in this analysis consisted in the patient's violent acting-out of the transference-relationship in all its aspects. He made vehement demands on me to take him on my lap, carry him about and feed him, because his mother, wicked woman that she was, had never done so herself. He wanted to strike me, he heaped abuse on his mother and on myself, and would no longer address me except by the familiar 'Du'—all this to the accompaniment of severe outbreaks of anxiety and sweating, and with such intense emotion that he would cling to the sofa to avoid putting his impulses into action. In this way he reproduced his infantile

wishes and the furious disappointment which he had experienced in his relations with his mother. There was, however, a further aspect of this acting-out in which his neurotic reactions to frustration expressed themselves in a special form. It was just this aspect which was responsible for the real difficulty in the analysis and ultimately led to its being broken off. For his inability to work and to learn, a symptom which implied a defiant refusal to fulfil his mother's ambitions or to accept her meagre proofs of love or the interest (infused, it is true, with aggression) which she vouchsafed him, resulted in analysis in his being unwilling and unable to hear what I said or to understand what I meant. He gave direct expression to this in the following formula : ' I don't understand ! I don't understand ! It would suit you very well if I understood you, and that is just the reason why I don't .' His anxiety and bewilderment over these experiences gave rise to suicidal ideas, and, running parallel with the processes occurring during treatment, his behaviour outside analysis assumed a singular aspect. He began to display a violently threatening attitude towards his mother, together with an unusual excitability, so that his family and their medical advisers wished to prohibit analysis and have the patient placed in an institution. I decided to break off the treatment. The same considerations which furnished the occasion for this paper led me to advise the patient not to abandon his efforts to get well, but to continue analysis with a colleague. The patient acted on my suggestion. After a certain interval, the anticipated relief was in fact forthcoming and it became possible for the analysis to resume its course, at first in the shape of a father-transference. This was all the more possible, seeing that the patient's childhood relationship to his father had been far less intense and involved far less conflict.[2]

I think that the material here adduced in a summary form allows us to infer that the extremely violent transference to myself, characterized mainly by action, was contributed to by the two following facts: (1) in analysis with a woman analyst the patient's mother-transference was the first to come into play ; and (2) my professional occupation caused him to reproduce in his relation to me, as a ' masculine woman ', and in an unmodified and unmitigated form, just those elements of his transference which held dangers for the analysis, those namely arising

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[2] The case here described is discussed in much greater detail in Bergler's paper, ' Zur Problematik der Pseudodebilität '. *Internationale Zeitschrift für Psychoanalyse*, Bd. XVIII, 1932.

from his conflict with a bad, unloving and masculine mother. It was only in the analysis which followed that he was able, as happened in the earlier case mentioned, to regain insight to a sufficient extent to avoid being completely submerged by a repetition of these conflicts and was able instead to overcome by the help of reflection and deliberation the experiences of his childhood and the transference.

It seems, then, that under certain conditions, it may have a very unfavourable effect on the work of analysis if we make a breach in the illusory quality proper to the transference, of which mention was made at the beginning of this paper. And this is specially the case if the real person of the analyst, by reason, principally, of his sex, in conjunction with certain features of his personality, reveals extensive similarities to those real objects from the patient's childhood whose influence was paramount. The effects liable to be produced by the analyst's real personality can naturally, in principle, refer to any of his qualities, as well to general ones, such as a friendly or reserved attitude, a disposition to severity or kindliness, as to those of a more personal kind, especially e.g. the form of his counter-transference, where chance plays a considerable part. The psychic importance which these attributes possess for the patient's transference dispositions may determine the rôle which those attributes are destined to play in an analysis. I have put the question of the analyst's sex in the foreground because its effects are particularly apparent and because they were so powerful in the cases mentioned. Now in certain analyses it is by no means a matter of indifference whether they begin with one or another form of transference. In the case of women with powerful masculine strivings and an intense wish for identification on a basis of masculinity, analysis with a man will create a situation other than would analysis with a woman, where the resistances would perhaps be principally formed out of projected self-contempt. An elderly, kindly analyst may stimulate fewer difficulties in this type of woman patient than a younger man who will at once attract to himself the resistances based upon rivalry. We find a profuse variety of relations which are not readily reduced to order.[3] In addition, the real attitude of the

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[3] I shall have to reserve for a later paper any attempt to pass beyond these tentative formulations and to describe various typical situations of this kind which would then furnish points of view for the decisions that one might on occasion be compelled to take in allotting analysts to such patients. Similarly, within the limits of this paper, I can only point out

analyst's personality, as we have used the phrase, may in many cases result in an intensification of the patient's symptoms and affective modes of reaction in a *desirable* sense and may thus create a situation favourable to analysis. If, however, the influence of this reality is such that their intensification exceeds a certain maximum, the situation which ensues—one impossible to control by purely analytical means—may be described as follows. (1) The patient's conflicts emerge in the transference in all their intensity and quite without warning instead of by gradual degrees, so that the ego's resistances are heightened as a defence against this onslaught. (2) There results a kind of fixation to this transference-conflict, a rigid transference system, which now prevents the patient bringing out associations and affects not comprised in its scheme, just as it paralyses the further expansion of transference-attitudes essential to the progress of the analysis. (3) The formation of a predominantly positive transference based on confidence, without whose help we cannot overcome the transference-neurosis in its constantly changing manifestations, fails to materialize. The patient's ego is so overwhelmed by affects that that part of his personality which has remained healthy is unable to make proper headway. Notwithstanding that we confront the adult elements in the ego with the infantile ones, i.e. with the totality of those infantile reactions which still remain operative, this is unable to make a sufficiently profound impression, so as to lead to a gradual mastering of resistances. The sequel leads either, as in the first case, to complete inhibition, owing to the constant struggle to put up a defence against this form of transference, or, as with the second patient, to a violent eruption of the unconscious impulses and to acting-out on a scale calculated to imperil the whole analysis.

The practical consequences of these remarks are comparatively simple and already apparent. Whenever we obtain the impression that a particular form of transference is not regulated mainly by the patient's unconscious, but also, and in a more considerable measure, by the realities of the analytical milieu and the special character of the analyst's personality, and when the difficulties which we have just described make their appearance, we shall consider it desirable not to continue the treatment ourselves. But there is also no reason why

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that our theme provides an approach to the problem of ' Transference and Love ' as well as to the interesting questions connected with the whole subject of second analyses.

it should be abandoned as hopeless ; on the contrary, we have to some extent to sacrifice our therapeutic ambitions in the interests of therapeutic responsibility, and arrange after mature deliberation for a change of analyst. This change is to be effected under conditions which, in conformity with the insight we have already acquired into the structure of the case, will allow the repetition of infantile relationships in the transference to assume the most favourable form possible.

Finally, reference should here be made to a particular factor which often exercises a decisive influence on the course of the second analysis. It frequently happens that the patient, motivated by feelings of disappointment, defiance or revenge, tries to keep the negative aspects of the transference permanently fastened on to the first analyst, accentuating a contrast between him and the second analyst, in order to conceal thereby the negative attitudes emerging in the second analysis. Needless to say, it will be an important task for the second analyst to pay full attention to this fact and so prevent the earlier resistances from reproducing themselves in a displaced and latent form.

A CONTRIBUTION TO THE THEORY OF SCHIZOPHRENIA

BY

EDITH WEIGERT-VOWINCKEL

ANGORA

If psycho-analysis and psychiatry find themselves at variance owing to the difference of outlook with which they approach identical material, it is none the less a fact that opportunities for mutual understanding occur in plenty precisely in the field of schizophrenic theory, where they are in a position to bring about or at any rate to stimulate an advance in both these sciences. It is obvious that the psychiatrist concentrates his attention more on the ego aspect of schizophrenic phenomena, whereas the psycho-analyst lays greater stress on their id aspect. As Freud has pointed out, it is precisely by investigating paranoia and dementia præcox that we are bound to increase our insight into the psychology of the ego. I propose on this occasion to consider schizophrenic phenomena in one of their ego aspects: I refer to psycho-motor manifestations, which occupy a specially prominent position in the catatonic forms of dementia præcox.

The path to an understanding between psycho-analysis and psychiatry has perhaps been made smoother by the presence of a tendency in psycho-analytic research to do away with the antithesis which seemed once so firmly established between the 'psychical' and the 'somatic', a point which has been elaborated by Felix Deutsch.[1] Schilder requires us to apply in the investigation of schizophrenia the 'principle of a double approach', the treatment upon equal terms of psyche and soma. The schizophrenic process is so complex a phenomenon that it is open to us to consider it alike from a psychological and from a physico-chemical standpoint, from the angle of the endocrinal and vegetative processes and from that of neural regulation. But if the very profusion of these possibilities is not to be allowed to obscure the fact that the entire personality falls a victim to the pathological process, the psycho-analyst must deem it a prime necessity to orientate himself with regard to the schizophrenic's libidinal economy, related as it is to both psyche and soma. The psychiatrist, however, fails to appreciate the important part played by researches into the libido in arriving at an understanding of the total personality.

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[1] In a paper entitled 'Biologie und Psychologie der Krankheitsgenese', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIX, 1933.

Since Freud's pioneer work,[2] the study of libidinal economy has afforded us not only glimpses into the id but also understanding of the structure of the ego. Consideration of schizophrenia in its id aspect will often vouchsafe to the analyst versed in the interpretation of dreams surprisingly deep and rapid perceptions. Thus as far back as 1909 Jung [3] was able to demonstrate the correspondences between the complexes in hysteria and in schizophrenia. But from his starting-point it was hard to differentiate the two illnesses. He assumed that the complex in schizophrenia besides its psychological effects brought into being a hypothetical toxin responsible for the ' enormous tendency to automatization and fixation ', ' in other words the enduring nature of the operation of the complexes ' in dementia præcox. Other authors too have pointed out the resemblance of an acute schizophrenic condition to a toxically induced psychosis, to the clinical pictures presented by states of delirium arising from fever or other causes. Behringer has compared the condition found in schizophrenia with mescal intoxication. It may be difficult to arrive at a differential diagnosis as between dementia præcox and an alcoholically induced hallucinosis.

However, the consistent development of the libido-theory in the hands of Freud and Abraham has enabled us to dispense with Jung's hypothetical toxin. Abraham conceived the regression to auto-erotism and the loss of object-cathexes and sublimations of the libido as constituting ' the psycho-sexual differences between hysteria and dementia præcox '. Freud, in the Schreber analysis, depicted paranoia as essentially a regression to narcissism. As a result of the new concept of a narcissistic libido, the mysterious toxin postulated by Jung as a hypothetical element in the ætiology of dementia præcox was revealed as dammed-up ego-libido, although Jung has never recognized this development of Freud's libido theory.

It is illuminating when one considers that the damming-up of ego-libido brings about much greater toxic effects than does the damming-up of object-libido which occurs in the actual and transference neuroses; for in the latter the workings of the subject's phantasy take up his thwarted and introverted object-libido and act as a safety-valve which protects his ego. Where the course of development is a psychotic one, the ego is unable to withstand the

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[2] ' On Narcissism : an Introduction ', *Collected Papers*, Vol. IV.

[3] *Die Psychologie der Dementia præcox.*

impact of the dammed-up ego-libido. In hypochondriacal conditions and states of depersonalization, far-reaching alterations are observable in the ego. In paranoia there is a break-down in the functions of the ego, and this is still more the case in schizophrenia. Freud has defined the ego as an organ of mediation between the id and the external world. The turning away of the libido from the external world, often felt subjectively as the end of the world, has as its counterpart an impairment of function and disintegration of the ego.

Among the psychiatrists too, we frequently find the failure of the 'synthetic functions' of the ego mentioned in a descriptive sense as an essential factor in dementia præcox: Wernicke speaks of a 'disintegration of the individuality', 'insufficiency of the real personality'; Gross, of a 'disintegration of consciousness'; Vogd, of a 'restriction of consciousness'; Janet, of 'abaissement du niveau mental'; Minkowski, of 'la perte du contact vital'; Berze, of 'an insufficiency of psychical activity' and 'hypotonia of consciousness'. These psychiatrists find in an insufficiency of the actual, present-day, conscious personality, which should comprise in a single integral entity the whole of the realized potentialities of the individual, the basic disturbance (toxically or constitutionally determined) that underlies schizophrenia.

Psychiatry is here by no means so far removed from psychoanalysis. Freud, however, regards the ego's ability to perform its synthetic function as dependent on the state of the libidinal equilibrium. A free interchange of ego- and object-libido secures the integrity of the ego as a correctly functioning organized whole. In the light of this conception the ego appears to be constantly in the process of 'becoming', continually being built up afresh, with the aid of desexualized libido, out of the realized potentialities of the individual. The integral nature of the ego is experienced subjectively as freedom, its dependence on the id as compulsion.

The repressive processes of hysteria and the isolation-mechanisms of the obsessional neurosis also produce rents and cleavages in the ego; the transference neurotic's ego has only imperfectly achieved the task of mastering reality. But the loss of reality and derangement of the ego present in the psychotic are more radical, no longer subject to recall; for the lost object-world is replaced autoplastically.[4] The

[4] Cf. Freud's account of this process in 'The Loss of Reality in Neurosis and Psychosis', (1924), *Collected Papers*, Vol. II.

second stage in the illness, one which corresponds to the return of the repressed in the neuroses, develops in the psychoses as a grandiose attempt at reparation, at constructing this lost world afresh, with the help of projective mechanisms, hallucinations, and delusional systems which, as Freud has shown in the Schreber analysis, in their noisy manifestations attract more attention than the essential pathological features, which are those connected with the withdrawal of libido. This attempt at recovery which we find in the psychoses, with its mechanisms of projection, is especially characteristic of paranoia and the paranoid forms of schizophrenia which, in comparison with the hebephrenic and catatonic forms, reveal a relative capacity for resistance on the part of the ego and which, again unlike hebephrenia and catatonia, mostly break out at a more advanced age, when the ego has had time to become more stable. The synthetic forces of the ego are once more apparent in the systematization which the delusion undergoes. This is seen especially clearly in the history of Schreber's illness which led to a comparatively favourable remission. The powerful tensions existing in a strongly marked individuality confronted with a narcissistically fixated instinctual life are reconciled by means of a religious delusion and are assimilated into the total personality at the cost of a few contradictions and absurdities. A regression to narcissism which, compared with auto-erotism represents a certain concentration of libidinal forces, makes it possible to give a more favourable prognosis for the restoration of the ego than a regression to auto-erotic strivings whose lack of co-ordination reproduces the disintegration of the schizophrenic ego. To complicate the picture still more, the real symptoms of the morbid process are, as in the case of paranoid conditions, combined with manifestations of a still existent normality or neurosis and with attempts at recovery. These complications place considerable difficulties in the way of approaching schizophrenia in its ego aspect.

I shall now turn to the essential theme of this paper, namely the far-reaching disturbances to which the ego falls a victim in catatonia, but I should first like to add that there is no reason to infer from what I have said above that we are dealing in catatonia with a chaotic medley of organ-libidinal strivings which have taken the place of a coherent ego-organization; even in catatonia a certain tendency to unification can be observed. When the laws of logical thinking are abandoned in cases of serious ego-disorder the modalities of the primary process take their place. We must expect to find a similar

regressive transformation in the psycho-motor conditions of catatonia. In the final phases of a catatonic illness which has reached a stage of terminal dementia, it very frequently happens that the ego assumes a monotonously cramped, unchanging posture. I am reminded of a patient who year in year out used to rock a wooden doll in her arms as a substitute for her dead child. An ego thus impaired shows in comparison with a healthy ego a grandiose simplification in its outward appearance. But this uniformity bears the same relation to the organization of a healthy ego as a despotic system, obliged to suppress every incompatible striving, does to a more elastic one which allows conflicting tendencies to balance one another out. Should the ego fail in its synthetic function, its striving after completeness, other regulating principles must take its place. There exists in the psyche, as in all living substance, an inherent tendency to organization; when the higher principles of integration have been abolished, those of a more lowly order are called upon the scene. Jelliffe deserves the credit for having brought Head's concept of 'vigilance' into line with psycho-analytic enquiry. On the basis of a vital 'vigilance' (or state of tension) in the central nervous system, purposive reactions of adaptation to external stimuli are found to occur even in decerebrate animals. The regulations of the conscious system transmitted by the cerebrum are replaced by automatic regulating mechanisms from deeper and phylogenetically earlier centres which possess the capacity to ecphorize ontogenetic and phylogenetic engrams. The automatic acts are conditioned by mnemonic schemes, patterns and internal attitudes. These primitive mechanisms exercise a far more rigid control than the ego, a fact which may well cause astonishment when we reflect that it is of the essence of the ego that it should perform an inhibiting function, so that one might have expected a removal of inhibition when that function failed. I should here like to borrow an example from the field of neurology. We know that heightened reflexes and an increased state of tension of the voluntary musculature will follow on elimination of the cortico-pyramidal pathways. This is due to the circumstance that one of the functions of the cerebrum is to inhibit and damp down the excitations streaming to the executive organs from deeper pallidostriatal centres, which are more strongly influenced by affective factors. We may well draw a comparison between the inhibiting functions of the cerebrum and those of the ego. The elimination of the inhibiting functions of the cerebrum does not remove the inhibition of volitional movement (the interplay

of synergistic and antagonistic movements whose harmonious co-operation gives rise to muscular action), but the excess of excitations pouring into the spastically innervated muscular system leads in fact to paresis. The failure of the inhibiting functions of the ego in psychosis leads to like results; the schizophrenic is anything but an instinctual creature with his inhibitions removed, although at times some external stimulus, often of minimal importance, may provoke a violent eruption of instinct, akin to the mass-reflex of the hypertonic subject. The schizophrenic has on the whole a severely inhibited and restricted personality. My only reason for interpolating this comparison from neurology has been to provide an analogy which may be of assistance in understanding the effect of the failure of the ego's inhibiting functions upon psycho-motor conditions.'

The psychiatrist Zutt summarizes the primitive mechanisms underlying schizophrenic motor conditions in the concept of an 'internal attitude'; they confront the ego as automatisms freed from its control. In the psychology of the normal individual also, ego and automatism stand in contrast to each other. Whenever it is a question of learning some skilled accomplishment, the ego acts as arbiter for all the impulses and inhibitions which together make up the aggregate of the movement. A conscious act of attention, accompanied as it may be by anxiety signals, is not favourable to the smooth carrying-out of this aggregate of movement. For the sake of 'rationalizing and economizing motor conditions' (to use Homburger's phrase) the ego's volition is confined to initiating the carrying-out of the movement which has been learnt, after which it hands over the direction of this to deeper regulating centres. The activity which has thus become automatic is regulated by sensory currents each one of which need no longer reach consciousness. Topographically the regulation of these automatisms is to be assigned to the preconscious. The automatisms of schizophrenia, on the other hand, are incapable of becoming conscious. Consequently the catatonic subject regards the automatisms which hold sway over him with a helpless sense of strangeness. 'My movements are made for me' are words we often hear from the lips of catatonic patients. In his portrayal of the catatonic attack Nunberg says in the same way that the censorship over consciousness which is localized in the preconscious loses control over motility. The intensified self-scrutiny of the catatonic subject is a product of the involution of this censorship.

Tausk [5] sees in the increased attention paid to the subject's own mutually antagonistic motor impulses an inhibiting influence upon the motor functions, which in extreme cases leads to stupor. So far as one's capacity for empathy permits, one divines in catatonic stupor the presence of an enormous affective overcharge, an intense tension of libidinal and destructive forces which, however, are held in check by inhibiting impulses called into operation by anxiety of an equal intensity. The depth of regression is matched by a corresponding intensity of defusion of libidinal and destructive instinctual tendencies which in their mutual interaction demand a great expenditure of inhibiting energies. The conscious ego which is able to consider and decide between impulse and inhibition is replaced by a stabilized balance of forces, an automatism foreign to the ego, which blocks the paths to motility.

Another catatonic attitude into which empathy is difficult is that of automatic obedience with echolalic and echopractic manifestations. It is hard to understand how the catatonic subject can passively submit to being forced into the most fantastically strange attitudes, apparently without emotion, and without claiming the right to determine them himself. We are very sensitive in our reactions if ever our physical attitude is criticized from without or altered by interference from without, for a person's individual attitude is strongly cathected with narcissistic libido. The attitude of automatic obedience admits of an explanation in the light of the ' state of fascination in infants ' postulated by Bernfeld.[6] The state of fascination in infants according to Bernfeld represents the identificatory assimilation of an undeveloped ego to external objects in a pre-narcissistic stage at which object-relationship and identification have not yet become differentiated. Automatic obedience represents a regression of the ego to a pre-narcissistic stage of unformed ego-boundaries such as this, in which the capacity for discovering and mastering objects does not yet exist. The absence of this capacity results in an attitude of motor indifference ; a heightening of attention aims at keeping hold of the object internally, reproducing its movements exactly (on echolalic or echopractic lines). This identificatory assimilation to the object is an early form of true identification and represents an alteration of the ego in the

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[5] ' Über die Entstehung des " Beeinflussungsapparates " in der Schizophrenie ', *Internationale Zeitschrift für Psychoanalyse*, Bd. V, 1919.

[6] ' Über Faszination ', *Imago*, Bd. XIV, 1928.

service of the id, only that ego and id are here as yet imperfectly differentiated. Accordingly automatic obedience would represent a compromise (fixated as an internal attitude) between instinctual gratification and inhibition at the level of an ego in an advanced state of regression. Bernfeld directs attention to the feelings of helpless anxiety which result from the impotence of the infant's ego, its inability to obtain mastery over objects. This helpless anxiety is also met with habitually in schizophrenic states of fascination. It forms the basis for the development of the catatonic subject's delusions of being influenced, his feelings of strangeness towards his own body, his feelings (arising by way of identification) that changes are taking place in him, and finally his similar feelings with paranoid mechanisms, feelings that he is the victim of suggestive, hypnotic and electrical influences, feelings of having thoughts ' imposed on him ' and ' withdrawn ' and other feelings the successive course of whose development has been described in such detail by Tausk.[7] The projection of the ego represented as a genital constitutes an attempt at recovery by getting rid once more of the pathogenic narcissistic libido which has been conjured up by the anxious helplessness of the ego in its state of regression.

A direct contrast to the automatic obedience of catalepsy is provided by the catatonic attitude of negativism which, with the help of muscular rigidity and opisthotonos, forms a mechanism for blocking out the frustrating and unattainable object-world and is comparable to an infant's fits of defiance. Automatic obedience and negativism are alike reactions to the ego's helplessness, results of a deep regression of the ego to pre-narcissistic phases of development. Either attitude is capable of passing directly over into the other. The alternation between the *flexibilitas cerea* of the skeletal musculature characteristic of automatic obedience and the muscular rigidity of negativism finds a counterpart in the atonic and spastic innervations of the intestinal musculature during the anal phase; these are the expression of attitudes of defiance and obedience—attitudes which may be regarded as early forms of an ego in process of consolidation.

The catatonic attitudes in question are clearly seen to be dependent upon affects. The disturbance of affect in schizophrenia comes about through the automatized schizophrenic attitudes becoming rigid—Jung speaks of the ' agglutination of complexes '—so that they pre-

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[7] Tausk: *Op. cit.*

serve only that affect which corresponds to the particular attitude prevailing at the time, thus rendering the schizophrenic personality incapable of being moved by current affective experiences. The increased adhesiveness of the narcissistic libido becomes evident in a tendency to perseveration, to stereotype and rhythmicize the automatic attitudes, characteristic also of the play manifestations of childhood.

Stupor, automatic obedience and negativism are attitudes most often accompanied by intense feelings of ' pain ' and consequently fail to achieve any real satisfaction for the narcissistic libido. But there are periods in the development of the schizophrenic process when this lack of narcissistic gratification is over-compensated in delusions of grandeur. These narcissistically satisfying attitudes remind one of the impersonations which are a feature of children's play ; one has only to think of the little boy who tried to portray his father with a hat and stick, or of any child imitating a horse or train by means of rhythmical movements. Freud shows [8] how a child in his second year overcomes the loss of an object by resorting to an activity which repeats the trauma in play. The impersonations at which the child plays defend him against the disappointments of his object-world and enable him to hold firmly to his phantasies of omnipotence with the help of ' magic gestures ' which belong to one of Ferenczi's stages in the development of the sense of reality. The play of the growing child gives expression to mechanisms of *partial* identification ; he becomes increasingly conscious of the phantastic ' as if ' character of his games. The impersonations of the hysteric, the pathological liar and the impostor, in which they act out their infantile instinctual wishes or need for punishment, possess likewise the character of *partial* identifications. In the case of the schizophrenic on the other hand, we find that *complete* identifications absorb his libido (which has regressed to narcissism) and provide his megalomanic wishes with a hallucinatory gratification. A complete identification of this sort is an ' internal attitude ' in Zutt's sense ; it determines the impersonation attitudes of the schizophrenic personality and takes the place of the ego (which has regressed) in controlling the approaches to motility. For example a catatonic subject experiences himself as a saint ; his gestures involuntarily assume the character of prayers and blessings, his speech is affected and sanctimonious. Those parts of his personality which do not coincide with his ego-ideal of saintliness

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[8] *Beyond the Pleasure Principle.*

are projected into the external world whence they descend upon him disguised as the voices of temptation. Schilder assumes the existence of a multitude of ideal-egos which are liable to be reanimated in the course of any regression of ego-libido. If we hold that the ego arises out of identifications, we shall see in schizophrenia a disintegration of the ego. The identifications composing the ego each in turn seize control of the libido.

A patient of Zutt's, in whom a short-lived attack of catatonia was succeeded by a favourable remission, expressed her own experience of an internal attitude as it appeared in retrospect in the following words : ' The healthy mind is in ruins ; its owner takes the stage disguised in some form or shape in which he then vegetates. This puppet may imagine himself to be Napoleon or a porter ; in any case it preserves some sort of physical existence. But the personality openly cracks in the process. One gives the will its way, the protective arrangements come into action. " Clown " is quite a useful general term ; he can be as tragic a figure as King Lear and as comic as a fool without having to change his mask. It is his good fortune if one fine day he realizes that his every-day clothes are hanging ready for him and if energy remains for the quite conscious, increased effort of will required to put them on again.'

Allied to the concept of an ' internal attitude ' is that of a ' motor disposition ', as we find it applied by Schattenbrund, the neurologist, in a work to which Jelliffe again has called our attention. By selective stimulation of the pallidostriatal system Schattenbrund produced, besides the amyostatic symptom-complex, certain motor dispositions which in their stagnancy are characteristic of Parkinsonism. The motor dispositions are regulated by the motor organization localized in the hypothalamus. There are varieties of motor dispositions which can be traced back in their typical forms to our animal forbears. According to Darwin and Uexküll, the motor dispositions of beasts of prey fall into three groups : apprehensive movements of flight from an enemy, states of angry, watching preparedness on sighting prey, and alluring dance-like movements directed to sexual objects. The stagnancy and independence of such motor dispositions do not develop only in Parkinsonism. The internal attitude which takes over the control from the ego in schizophrenia may succeed in dominating the clinical picture by means of specific motor dispositions in those cases in which psycho-motor conditions have an especially large share in the illness.

I should like finally to give two short examples which illustrate this.

In a corner of a ward for difficult cases we see a twenty-year-old patient squatting motionless, her chin resting on her knees and the bed-clothes drawn up over her nose so that all that remains visible are the half-closed eyes and puckered brows, and above, two perpendicular lines creasing her forehead : the watching attitude of a beast of prey. At irregular intervals she springs up suddenly from this watching position, and quick as lightning precipitates herself upon a nurse, who awakens echoes of a mother-transference in her, and whom she tries to throttle. Another scene : a patient, also twenty years old, without any training in gymnastics or dancing, glides in dancing step across the floor of the ward ; with inimitable grace, in ever faster and more furious rhythms, she lets her night-gown fall from her shoulders, waves it like a veil to accompany her dance or winds it like a turban round her head ; her steps are full of surprising ideas ; she seems to be indifferent to her surroundings, only a sweet seductive smile is addressed to an invisible spectator.

We shall have no difficulty in recognizing in these patients the internal attitudes or motor dispositions described by Darwin and Uexküll as states of angry, watching preparedness and alluring dance-like movements, as they are manifested in the beasts of prey. It would be idle to discuss whether it is here a primary lesion in the hypothalamus which gives rise to the disordered condition of the motor organization or whether fixation to certain libido positions produces this stagnancy of motor dispositions which, as we have stated, had already assumed typical forms in our pre-historic ancestors and are especially qualified therefore as primitive mechanisms, to take over control from an ego which has abdicated. It may be that the two conceptions correspond to the anatomical and to the functional aspects respectively of one and the same problem.

Typical clinical pictures such as these may well suggest to one that these attitudes which so surprisingly shatter the framework of the personality as it existed originally are determined by certain typical primary prototypes, conjured into existence by the downfall of the ego. It would be worth while pursuing this idea further.

If I have given what is essentially a one-sided account of schizophrenic attitudes, proceeding from a psycho-motor (ego) standpoint, it is because I wished on the one hand to forge a link between the sciences of psycho-analysis and psychiatry and on the other to give an

impulsion to the analysis of character which forms so great a part of analysis as it is practised to-day. The 'illogicalities, eccentricities and follies,' which we encounter in the analysis of characterological attitudes, stand in a relation to the psychoses similar to that of the perversions to the neuroses.[9] In schizoid neurotics we discover resistances in the form of automatic attitudes which represent a compromise between instinctual gratification and inhibition and curtail the ego's jurisdiction to a considerable extent. The power of these automatisms must be broken by analysis so that the ego may develop effectively in free communication with the id.

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[9] Freud, 'Neurosis and Psychosis' (1924), *Collected Papers*, Vol. II, p. 254.

PSYCHO-ANALYSIS AND PSYCHIATRY [1]

BY

SANDOR RADO

NEW YORK

The material studied by the psycho-analyst emanates from his patient and is biographical in kind. This material comprises as its very essence an abundance of data such as are otherwise inaccessible to investigation. The patient under examination either is unaware of these data, though they are deposited in his mind, or he is disinclined to confess them. They are brought to light, and their overwhelming significance for the scientific study of the individual clearly revealed, through the special situation designed for the patient by the analyst. In this situation, technically known as the ' analytic situation ', the patient is given the opportunity of developing his confidence, his feeling of trust, to the full ; he is enabled gradually to remove the mask which every individual is compelled to wear in social life, and ultimately to lift that inner mask behind which every individual keeps hidden from himself what he does not desire to know about himself. The patient accomplishes this self-unmasking by the technical means of ' free association '. His compliance with this procedure is enforced by the pressure of his sickness, by his desire for recovery. But sooner or later, inevitably, the analytic situation changes its aspect. The patient turns uncompliant ; he engages in a display of varying emotions ; he behaves as if pulled hither and yon by one or another acute conflict ; finally one sees he has become emotionally involved with the analyst himself in some personal way. The deciphering of this surprising phenomenon called ' transference ' remains Freud's greatest methodological discovery. What happens is this : The patient has been asked by the analyst to give free rein to his thoughts and feelings. He does so, and in doing so he progressively abandons the higher intellectual controls characteristic of maturity and thus revives that primitive childhood state of mind in which such controls

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[1] Under the assigned title of ' The Material as it Organizes Itself with the Psycho-analyst ', the present paper formed part of a Symposium conducted by Adolf Meyer of Baltimore upon ' The Material dealt with as Personalty-function by the various Workers in the Field of Psychiatry ', which was held at the Ninety-first Annual Meeting of the American Psychiatric Association at Washington, D.C., May 14, 1935.

are lacking. In consequence, he comes to feel increasingly helpless and dependent ; he feels the need of parents to rely on, precisely as he did in early life. He now seizes upon the analyst and installs him, quite automatically, in the place of his parents, thus reviving, and transferring to the analyst, all the feelings and thoughts originally related to his parents. Naturally, the very presence of such a suitable substitute for the parents as the analyst has been facilitating his submersion in uncontrolled thought.

It has to be emphasized that the whole period of childhood is dominated by the biological phenomenon which is called in animals ' care of the young ', in human beings, ' care of the infant ' or ' care of the child '. The child, helpless as it is, is dependent for its very survival upon the ministrations of its parents. Owing to this fact, the child's ego is able to indulge in a mode of functioning which is profoundly different from the self-sustaining regime of the mature ego. It is this archaic system of functioning, wholly conditional upon external support, that the ego of the patient tends to reinstate in the transference. The analytic transference, though in itself a kind of artefact, truly rests upon deep and genuine biological foundations.

By exploring the analytic situation, especially the transference, the psycho-analyst carries out a work comparable to that done by the palæontologist : his work uncovers beyond a doubt the most ancient and deeply buried material of the human mind. The present significance of this material from the past is two-fold : first, we encounter in it that raw material out of which the influences of life have moulded the mature shape of the personality ; second, as Freud and his co-workers have demonstrated in forty years of research, psychoneuroses—i.e. such nervous disturbances as are not due to a lesion of the brain—can only be explained in terms of a partial recrudescence of the infantile mind. In every neurosis we see mental processes regressively assuming infantile forms and contents, and observe the efforts of the otherwise integrated ego to fit these strange and obviously self-injurious elements into its organization.

It is, of course, the neurotic process that brings about the regressive changes in the patient's mind ; the transference merely exposes and remodels them. Hence, the unique therapeutic value of the transference, which through its action assimilates the neurosis to the analytic situation. Thus the analyst comes to gain control over those complicated systems of self-injury which we term neurosis ; gradually he extricates the forces of the ego from their neurotic entanglements

and furthers their tentative employment in more appropriate activities, until ultimately he is able to reconcile the patient to the joys and sorrows of realistic functioning.

Needless to say, the task of rendering analytic material accessible, and of utilizing it for therapeutic purposes, requires a rather lengthy period of time and can only be accomplished by workers who are skilful and properly trained in the analytic field.

To sum up: Psycho-analysis deals with such personality material as the patient is capable of expressing or exhibiting under the favouring conditions of the analytic situation. This material is of a very intimate nature, mirrors the basic impulses and emotions of love, self-love, hatred and fear, and is, in the main, such as ordinarily remains hidden or unconscious. The '*via regia*' to its disclosure is, I would add, the study of the dream-life of the patient.

That organized body of scientific thought which psycho-analysis has evolved from the study of its material is distinguished by two features:

The first of these is its consistent biological orientation. Looking upon mental life as the activity of a 'mental apparatus' operated by 'instinctual forces' of bodily origin, psycho-analytic theory has adopted the basic biological conceptions of living structure and dynamic functioning. Furthermore, with regard to both the structure and functioning of the mind, it has adopted from biology the genetic principle. Because of this biological orientation, psycho-analysis is ready for co-operation with somatically oriented personality research. Among the questions which stand in urgent need of such conjoint study are, to mention but three or four, that of the somatic origin of instinctual forces, of the bodily changes brought about by mental and particularly by emotional processes, of the effect of certain bodily changes upon the mind, etc.

The second and intrinsically psychological feature of psycho-analytic thought is its teleological frame of reference. Psycho-analysis has here added to the study of the utility or expediency of functions the systematic study of their pleasure and pain effects, and has thereby established the outstanding significance of the pleasure-pain balance in the mental economy; hence the stress it is compelled to lay upon sexuality. In fact, it studies both these aspects of functioning with the express ultimate purpose of improving the efficiency of the mind—in other words, of increasing the individual's capacity for enjoyment and active achievement in life. Were I to designate in one instance the

contribution made by psycho-analysis to psychiatry, I would say this : More than any other branch of personality research, psycho-analysis has advanced the psychiatrist towards the attainment of his foremost goal, that of being the *efficiency engineer of the human mind*. It has done so despite the fact that it has not as yet been in a position to embark upon the study of the psychoses on more than a very restricted scale. To place competent psycho-analytic research workers into our mental hospitals is the task of the immediate future.

THE FINAL GOAL OF PSYCHO-ANALYTIC TREATMENT[1]

BY

MICHAEL BÁLINT

BUDAPEST

One can confidently describe psycho-analytic treatment as a natural process of development in the patient. If, then, I inquire into the final goal of our therapy, I do not mean by this a prescribed final state, which, deduced from some philosophical, religious, moral, sociological, or even biological premise, requires that everyone should 'get well' according to its particular model. I ask rather: is our clinical experience sufficient to define the final goal, or at least, the final direction of this natural development?

There are special cases particularly suitable for this inquiry. I am thinking of those people who—like Freud's famous Wolf Man—break off the analysis with only partial results, and then, after an interval of years, continue the treatment, possibly with another analyst. The resumed work offers a very favourable opportunity for a fresh investigation of the former non-adjusted obstacles, and a cure in such a case supplies the proof that it was precisely those obstacles that had previously blocked the way to recovery.[2]

A case of this kind first set before me the problem of how our patients become cured and what is really the final goal of psycho-analytic treatment. As the case offers nothing of special interest apart from this, I will mention here only what is of importance for the formulation of our problem. The man in question, who was well on in his forties

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[1] Read before the Thirteenth International Psycho-Analytical Congress, Lucerne, 1934. [Translation supplied by the Author.]

[2] I do not believe, in fact, that smoothly-running cases, which terminate without complications, can offer much for our purpose. First of all, in these cases one can never be quite sure whether our therapeutic work did not merely set going some mechanism, which remains hidden from us, and whether the patients did not recover with the help of this—to us—unknown process. Secondly, it often happens that one can only observe the result and not the process of recovery. We can learn far more from an analysis that does not run smoothly. First, one is, of necessity, bound to reflect more upon it; in a difficult case one notices a problem much sooner than in those where results are easily obtained. Secondly, an obstinate, unchanging obstacle, on which the treatment comes to grief, is more easily perceived than the very subtle changes which finally bring about recovery.

and whose illness presented a picture in which phobic and obsessional neurotic features were originally to the fore, had already undergone some four years of thorough analysis. When, after an interval of two further years, he came to me since he was not able to return to his former analyst, his neurosis was in the form rather of a fairly serious conversion-hysteria. We worked some 500 hours further together. The analysis came to an end two years ago, and the result is one of the best in my practice. Now this was attained without anything new that is worth mentioning being brought to light from the unconscious. Everything had already been partly remembered, partly reconstructed, in the previous analysis, and during this second period of work, which was certainly very intensive, and also successful, no change occurred in the picture, already familiar to the patient, of his infantile and subsequent course of development. In spite of this—and I can assert it without exaggeration—the man was cured during this time.

I would remark at once that this is not an exceptional case. Since learning through this case to wonder at this process, I have been able regularly to observe that in all cases where the analysis was deep enough, the final phase turns out similarly. In the last months fresh material is only rarely made conscious, and infantile incidents which were not already known or had till then remained unconscious are almost never brought to light. Nevertheless, during this time something very important must have happened to our patients, for before it they were still ill, and during it they become well. I know that all this is already familiar; it was precisely such observations that supplied the material for the concept of ' working through '. But that concept, or, more correctly, the clinical factors on which that concept is based, was not worked out by the different investigators who have attempted to describe the goal of psycho-analytic treatment. For this reason all the descriptions proposed have fallen short.

One group of these descriptions of the final goal deals only with the structural changes in the mind; this we may call the classical group. The other lays stress on the dynamic or the emotional factor; this could be called the romantic group. All descriptions of the first group derive from Freud. According to him the goal of the treatment was *the making conscious of the unconscious*, or, *the removal of infantile amnesia*, or, *the overcoming of the resistances*. The three descriptions are almost synonymous. In my opinion they go too far. As we have seen in the case described, from a certain point in the treatment no

really new material came to light, nothing worth mentioning could be added to the picture of the development of early childhood, and in spite of this the neurosis was cured. On the other hand, it is generally known that even analysed people still dream, and that dream analysis encounters resistance with them also. Consequently, even after the end of an analysis, at least so much remains unconscious in the mind as is necessary for dream formation, and enough resistance undisposed of to be able to disturb a dream-analysis considerably. Others, also, have surely had the experience, that after a finished analysis, months or even years later, patients suddenly remember fragments of their infantile history. Often we had already been able to reconstruct these in the analysis, so that the suddenly emerging memories are only a confirmation of the analytic work ; sometimes, however, these pieces bring material which was never suspected and never used in the analysis, and though they fit in well with the known picture are none the less quite new. These three descriptions of the final goal of the treatment consist, therefore, of attributes which, to use mathematical terminology, are neither necessary nor sufficient.

Now let us turn to the second group of descriptions. They are all really more precise restatements of the old description which dates from the time of catharsis. According to this the final goal of our therapeutic efforts is '*the abreacting of the strangulated affects*'. This is doubtless correct but it is stated too generally. We have as yet no means of telling whether all the strangulated affects have in fact been dealt with, nor whether those already dealt with suffice for a cure. Since the theoretical clarifying of the repetition factor, not a few attempts have been made to arrive at some more precise criterion for judging this point. Ferenczi and Rank describe the goal as '*the complete reproduction of the Œdipus relation in analytic experience*'.[3] Since we know how complicated the early infantile Œdipus relation is, this description, though it doubtless signifies a notable advance, seems to say too much. Rank claims the final goal as being '*the abreacting of the birth trauma*'.[4] So much has already been written on the merits and defects of this theory, that further criticism is superfluous. V. Kovács's formulation, '*the unwinding of the repetition factor*',[5]

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[3] *Entwicklungsziele der Psychoanalyse*, 1924, S. 54–55.

[4] *Das Trauma der Geburt*, 1924.

[5] ' Wiederholungstendenz und Charakterbildung,' *Internationale Zeitschrift für Psychoanalyse*, Bd. XVII, 1931.

emphasizes, in contrast to the two previous ones, the dynamics of the curative process, but is still too generally stated. W. Reich comes to almost the same conclusions as I.[6] But he gives as the final goal '*the attaining of full genitality, of orgastic potency*'. This is partly correct; nobody is healthy who lacks the capacity for a regular periodic orgasm. If I have understood him rightly, however, he seeks to explain by means of the vague concept of 'constitution' the cases which actually occur in which, in spite of a deep-going analysis, orgastic potency cannot be reached. On the other hand, most of us have seen, and even observed analytically, more than one person who, in spite of perfect orgastic potency, is decidedly neurotic.

Since the descriptions already proposed do not entirely satisfy us, I shall venture to discuss this question on the basis of the views which I put forward at Wiesbaden.[7] I have been able regularly to observe that in the final phase of the treatment patients begin to give expression to long-forgotten, infantile, instinctual wishes, and to demand their gratification from their environment. These wishes are, at first, only faintly indicated, and their appearance often causes resistance, even extreme anxiety. It is only after many difficulties have been overcome and by very slow degrees that they are openly admitted, and it is not until even later that their gratification is experienced as pleasure. I have called this phenomenon the 'New Beginning', and I believe I have established the fact that it occurs just before the end, in all sufficiently deep-going analyses, and that it even constitutes an essential mechanism of the process of cure.

Let us now turn to some criticisms. First, as I remarked at Wiesbaden, a single New Beginning is hardly ever enough. On the other hand, the patient need not make a New Beginning with all of the early instinctual wishes that were important for him. Moreover, after the analysis has ended instincts may remain whose gratification brings no pleasure and even causes pain.

At this point a host of technical questions arise. Assuming that with the New Beginning we have in our hands an important criterion for the termination of the treatment, then one would like to know how many such recurrent waves of New Beginning are necessary and sufficient. Further, for which component instincts is a New

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[6] *Charakteranalyse*, 1933.

[7] 'Charakteranalyse und Neubeginn', *Internationale Zeitschrift für Psychoanalyse*, Bd. XX, 1934.

Beginning obligatory, for which accidental, and finally, for which superfluous ? I cannot answer any of these questions, and therefore I propose to examine the New Beginning more closely ; perhaps we shall come to the opinion that these questions, however important they may appear to us now, do not arise from the actual facts of the case, and are therefore unanswerable.

Since all these phenomena appear only in the last phase of the treatment, and since, unfortunately, not a few analyses have to be broken off on practical grounds before this phase is reached, it was naturally some time before a significant characteristic of these newly begun pleasurable activities struck me. *They are, without exception, directed towards objects.* This discovery rather surprised me. According to our generally accepted theory of to-day the first and most primitive phase of the libido is auto-erotic. I tried to escape from this theoretical dilemma by arguing that it must be so, since the earlier phases of the development of the libido (auto-erotism and narcissism) were dealt with in the middle period of the treatment. Naturally, then, the carrying-over of the libido to object-relations must remain as a task for the final phase.

But I remained dissatisfied. The activities realized in this New Beginning period, as well as its phantasies, were so childish, so natural, so absolutely unproblematical, that I simply could not take them as being the final links in a complicated chain of development. And, to go further, we have long known that in analytic treatment it is precisely the most deeply hidden, the most primitive layers that come to light last. Then came another constantly repeated observation. As I pointed out at Wiesbaden, after a first, and usually very timid, performance of the activity in question, a passionate phase habitually follows. The patients are seized, as it were, with an addiction. For days on end they can simply do nothing else but continually repeat these newly begun pleasurable actions, or, at least make phantasies about them. This is a dangerous situation for the continuation of the treatment. The patients were mostly so happy that they were able to deceive themselves and to begin with, I must admit, myself also. They feel ultra-healthy, and some made use of this fact, with my consent, to break off the treatment. This state of passionate happiness, resembling that felt by a drug-addict, unfortunately does not last. As I learnt from a psychologically perceptive patient who came back to me, it degenerates into ever more and more extensive demands which at last can no longer be satisfied by any real object. The end is

an intensified narcissism with overweening pride, self-importance, and outstanding selfishness, veiled by superficial politeness and insincere modesty. (Perhaps this provides an explanation for the very similar behaviour of real addicts.)

If, however, both patient and analyst hold out, this passionate phase passes and in its place a true object-relation, adjusted to reality, develops before our eyes. Thus, to put it shortly, there is first an unmistakable primitive-infantile object-relation, and this—if not rightly understood and treated—ends in unrealizable demands and a narcissistic state, very disagreeable for the whole environment (as is the case with a spoiled child), or—if rightly guided—makes way for a relation without conflicts for the subject as well as for those around him. These observations do not harmonize at all with the usual doctrine of the analytical libido theory, according to which, auto-erotism should be the primal state of sexuality. A solution of this discrepancy can only be offered by a theoretical picture which shall be able, at the same time, to explain both the former theory of libidinal development, founded on innumerable clinical data, as well as these latter observations. This solution I found not only suggested but already to a considerable extent built up by Ferenczi.

In his favourite work—the *Genital Theory*—he describes a process which he calls the development of the erotic sense of reality. He sets forth three stages whose goal always remains the same, and which are distinguished only in that they strive to reach this common goal by different ways, better and better adjusted to reality. This goal is the return to the mother's womb (according to Ferenczi the primal aim of all human sexuality) and the three stages are : passive object-love, the auto-plastic or masturbating phase, and finally the alloplastic phase, or, as I should like to call it—active object-love.

What is important for our problem is that the child, as Ferenczi has often pointed out, lives in a libidinal object-relation from the very beginning, and without this libidinal object-relation simply cannot exist ; this relation is, however, *passive*. The child does not love but *is loved*. For a time the fostering outer world can fulfil its requirements ; but with advancing age these become ever greater, more numerous and more difficult of realization, so that some time or other real frustration is bound to come. The child replies to this with well-founded hate and aggressiveness, and with a turning away from reality, i.e. with an introversion of his love. If upbringing does not work against this change of direction, i.e. does not attempt to bind the

child to reality with enough love, then follows the period of auto-erotic distribution of the libido, the period of various self-gratifications, of defiant self-sufficiency. In my opinion the 'anal-sadistic' and 'phallic phases', i.e. the observed object-relations theoretically comprised under these concepts, are artefacts. They do not represent stages, or even points in the normal development of psycho-sexual relations to the outer world; they are not in any respect normal phenomena, but where they can be observed they point to a considerably disturbed development. They are signs of a rather sharp deflection in the normal psycho-sexual relations to the outer world, occasioned by a consistently unsuitable influence on the part of the environment—above all, by a lack of understanding in upbringing.

I have already given further evidence in support of this seemingly bold assertion before the Budapest Psycho-Analytical Society, and I hope to be able to publish them shortly in a separate paper. Here I will only quote two passages from Freud. He shows in his *Introductory Lectures* that many component instincts of sexuality (such as sadism for instance) possess an object from the very beginning. He continues: 'Others, more plainly connected with particular erotogenic areas in the body, only have an object in the beginning, so long as they are still dependent upon the non-sexual functions and give it up when they become detached from these latter'. Oral erotism is here referred to. The other passage runs: '*The oral impulse becomes auto-erotic*, as the anal and other erotogenic impulses are from the beginning. Further development has, to put it as concisely as possible, two aims: first, to renounce auto-erotism, to give up again the object found in the child's own body in exchange *again* for an external one.' (What follows does not relate to our present theme.)[8] Here it is explicitly declared that the oral instinct, which has hitherto served in theoretical discussions as the perfect example, as it were, of auto-erotism, passes through a stage of object-relationship at its very outset. What was new in my Budapest paper was the attempt to build up a theory which should take into account this fact, which is generally known but has never been fully appreciated.

According to this theory, all instincts, including those originally described as auto-erotic, are primarily bound to objects.[9] This primi-

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[8] *Introductory Lectures on Psycho-Analysis*, pp. 276–7. (The italics are mine.).

[9] I may refer here to a paper on 'The Development of the Capacity for

tive object-relation is always passive. This passive primal aim of human sexuality—the desire to be gratified, or, the desire to be loved —is preserved throughout life. Reality, unavoidable frustration from without, forces man into by-paths, and he has to be content with these. One by-path is auto-erotism, narcissism : if the world does not gratify me, does not love me enough, I must gratify and love myself. The other by-path is active object-love ; this attains the original aim better, but at a sacrifice. We love and gratify our partner (this is the sacrifice) so that in the end we may be gratified and loved in return by him.

If all this is true, then it is easily intelligible that every New Beginning has to take place in an object-relation. One cause of neurosis is always real frustration. Usually the analyst underestimates the importance of this cause, because its counterpart in the ætiological complemental series, the endogenic factor, is continually pressed into the foreground by the analytic work. What we work at for months, even years, are the structural defects of the soul, the torn connexions, the psychical material that has become incapable of becoming conscious. But one thing we should never forget is that all these defects of development, which we group under the collective name of ' the repressed ', were originally forced into that state by external influences. That is to say, there is no repression without reality, without an object-relation. It is to the lasting credit of Ferenczi that, in the years during which interest was centred upon what was called ' ego-psychology ' and upon the investigation of mental structure, he never tired of continually stressing the importance of external factors.

How necessary this was, and still is, I will show by a single example, and for this purpose I have chosen from many other works one that can well bear criticism, since its excellent qualities are very generally recognized. I refer to Melanie Klein's illuminating book.[10]

If we turn to the index of that work we shall look in vain for the following words: lack of understanding in upbringing, parental sadism, unkindness, harshness, spoiling, want of love, and the like.

Love and the Sense of Reality ' by Alice Bálint (published in Hungarian at Budapest in 1933) in which the author anticipated me in arriving at almost the same results by a different path.

[10] *The Psycho-Analysis of Children.*

It is a remarkable fact that the word ' love ' is itself absent.[11] (This word is absent too in the index to Fenichel's *Hysterie und Zwangsneurose.*) This corresponds to another feature of the book: the prominence which it gives to the structural factor and the innate constitution. I will give one example. Everywhere in the book (as well as in her Lucerne Congress paper) Mrs. Klein speaks of the split ' good ' and ' bad ' mother imagos which the child creates in order to have an object always at hand for his constitutionally intensified sadism. Naturally, then, he must always be afraid of the vengeance of these hated and maltreated ' bad ' imagos. But could it not perhaps be put in this way—that in the eyes of the child his parents are capricious beings who, quite unaccountably, are sometimes bad to him and sometimes good ? And the more neurotic the behaviour of the parents the harder is the task of adjustment for the child, who, in the end, has no choice but to treat his mother, for instance, as two fundamentally different beings. Sometimes the ' fairy ' is there, and sometimes the ' witch '. The fear of vengeance would then be revealed as a fear *determined by reality*, and the ' constitutionally ' intense sadism as the effect of lack of understanding in upbringing. That something in my assumption is true is shown precisely by the success of child analysis. With an understanding upbringing on the part of a mother imago who does not behave neurotically—I am thinking of Mrs. Klein—the way to adjustment is opened to the child. I am of opinion that it is a pity to stop at the structural defects of the mind ; our path can lead us still further, namely to errors of upbringing—or, as Ferenczi expressed it in his Wiesbaden paper, to the ' confusion of tongues ' between the adult and the child.

Now we can understand also why the question as to the necessary number and origin of the newly begun gratifications turned out to be unanswerable. The question arose from a way of thinking that had become schematic and not from the actual facts of the case. It is not particular component instincts that must be begun anew but object-love itself.

With the help of these reflections I believe I have been able to formulate the final goal of psycho-analytic treatment more exactly. A person becomes ill because, from his childhood, he has been treated

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[11] Naturally all these subjects are discussed, but the fact that they are absent from the index is of symptomatic importance. (The remarks in the text apply, of course, to the index of the German edition.)

with more or less lack of understanding by those around him. Gratifications were denied him which were necessary to him, whereas others were forced on him which were superfluous, unimportant, or even harmful. His mind, moreover, had to submit to external force: it had to build up various structures and, above all, what we call a super-ego, in order to make him able automatically to avoid conflicts with his reality. He comes to us; we co-operate in a study of his biological and mental structure, and try to bring this into connection with his conscious and primal history. Finally he understands his own nature, and also the long and painful process through which he was formed into the man he now knows. Many people who were not too severely damaged in their object-relation are content with the relief which comes with consciousness, with the accompanying better control of their actions and the extended capacity for pleasure. As the work progresses they become slowly, almost imperceptibly healthy. With them the real end phase of the treatment is absent, or, at most, is merely indicated. With the others, however, who were obliged to suffer severely from the 'confusion of tongues', whose capacity for love was artificially wholly stunted by lack of understanding in their upbringing, quite a peculiar situation finally arises. Everything turns on one decision. Shall one regard all past suffering as over and done with, settle accounts with the past for good, and, in the last resort, try to make the best use of what possibilities there are in the life still lying ahead? This decision to begin to love really anew is very far from easy. Here the analyst can help considerably. Right interpretations are important; by them he shews that he understands his protégé and will not treat him with lack of understanding as was once the case. The most important thing here, however, is that one should take notice of the timid attempts, often only extremely feebly indicated, towards the New Beginning of the object-relation and not frighten them off. One should never forget that the beginnings of object-libido pursue passive aims and can only be brought to development through the tactful and, in the literal sense of the word, 'lovable' behaviour of the object. And even later one must treat these newly begun relations indulgently so that they may avoid the Scylla and Charybdis of auto-erotism and find their way to reality and active love.

Unfortunately not everyone can achieve this decision for a New Beginning of love. There are people who cannot give up demanding ever fresh compensation from the whole world for all the wrong ever

done them, who know, indeed, that such behaviour is obsessional, and at the present time quite unreal—simply a transference—but, nevertheless, cannot give it up, who want only to be loved and are not able to give love. On a few occasions, though not often, I have come to this point with patients, and have not been able to bring them further. These isolated cases, which, incidentally, shewed considerable improvement, but which I was not able to cure, forced me to recognize the limits of my therapeutic powers. With my present technique I can only cure such people as, in the course of the analytic work, can acquire the ability to attempt to begin to love anew. How those few others are to be helped I do not at present see. But I do not believe that we need let ourselves be defeated by the constitutional factors. Ferenczi used always to say that as long as a patient is willing to continue the treatment a way must be found to help him. Those who knew his way of working know that with him this was no empty phrase. He made many experiments, and he also succeeded in helping many who had already been given up by others as hopeless. Unfortunately not all. The old proverb has proved true again : *ars longa, vita brevis.* It is the duty of the pupils to carry on the work which the master began.

I am at the end of my paper. I believe I have shown that it was one-sided to base our theories and our way of thinking principally on structural considerations and on the instinctual constitution. Without wishing to detract from the great achievement of the researches made in this direction, I have endeavoured to point out that the study of loving object-relations, which has been gravely neglected in recent years, can contribute much towards the understanding of the human mind and towards the improvement of our therapeutic powers. In my opinion there is to-day too much talk about constitutionally determined sadism and masochism in analytical theory. Thus, the motto of my paper would run : less sadism and more love.

SHORT COMMUNICATION

THE UNCONSCIOUS SIGNIFICANCE OF NUMBERS

The system of counting in all civilized countries is based on the number 10, and is, I think, generally agreed to be founded on the childish method of counting on the fingers. But when we examine the occurrence of numbers in legend and superstition we find emphasis laid on other numbers. The most striking is 2, which is associated with a definite provision in language; all numbers are classified into 'even' or 'odd' according as they are divisible by 2 or not. Next to 2 the prominence is given to 3, 7, and 12. The first appears characteristically in the fairy tales of the three sons, and in the many Celtic Triads. Seven is considered at length in F. H. Colson's book *The Week;* it is shown there that the seven moving stars, or planets, known to the ancients led to the division of time into intervals of seven days, so that after every seventh day the astrological assignment of ruling planets to the hours repeats itself. We have also the seven sisters, seven sleepers, the seven churches of Asia and the seven golden candlesticks of Revelation, and so on. Mysterious powers are attributed to the seventh child of a seventh child. Twelve and its multiples appear in methods of measurement, notably time and angle; even in countries that have adopted the decimal system for most of their measurements these survive. There is some reality basis for making the right angle divisible by 3, on account of the importance of the equilateral triangle; but there is little for the minutes and seconds that still complicate our trigonometrical tables. Though the names of the disciples differ in the four gospels, all are agreed that their number was 12. The gross of 144 survives in commerce, as does the quire of 24 sheets of paper.

It can be seen at once that some practical importance is associated with 2, 3, and 12. We do in fact often want to divide a class or a quantity into two equal parts; less often, but not seldom, into three. Twelve actually has four factors other than unity and itself, a larger number than is possessed by any smaller number; it is what Ramanujan [1] called, on this ground, a 'highly-composite' number. Consequently there may be an advantage to a wholesale dealer in selling by twelves to a retailer who may want to sell the articles by twos, threes, or fours.

But while a reality basis may be recognized, it is far from represent-

[1] *Proc. Lond. Math. Soc.*, 14, 1915, p. 358.

ing the whole truth ; it might reasonably lead to the suggestion that we should count by twelves or sixes in general, but this suggestion is never put forward seriously, the decimal system being apparently regarded as unassailable. Further, the number 3 appears in proverbs such as ' third time lucky ' ; this is replaced in County Durham by ' third time's catchy time ', showing the characteristic ambivalence of an unconscious thought-process. The Durham form is supported by the games consisting of a series of questions, the first two being designed to render a response automatic, while the third contains the ' catch '. An example is the following. Q. How do you pronounce Macdonald (spelt) ? A. Macdonald. Q. Macgregor ? A. Macgregor. Q. Machine ? A. MacHine. The ambivalence is continued by the proverb ' there's luck in odd numbers ' combined with the traditional ill-luck associated with the number 13. It appears from these examples that an unconscious meaning is associated with odd numbers, and the nature of this is indicated by the superstition that if 13 meet at table one will die before they meet again. The odd number is associated with power, but also with danger. There is a further suggestion that these feelings are associated originally with the particular number 3, and are extended from it to other odd numbers. But in that case why the prominence given to 7 and 13 and the comparative lack of it to 5, 9, and 11 ?

The unconscious nature of the importance of certain numbers being once seen, we are in a position to use our knowledge derived from psycho-analysis and observation of children to interpret it. The first objects of interest to the infant are the breasts and the male organ, the former two in number the latter tripartite ; and the phallic symbolism of such objects as the shamrock, the fleur-de-lys, and the fly is well recognized. We are thus led directly to the suggestion that even numbers, to the unconscious, are female, odd ones male. This immediately explains the power associated with odd numbers in terms of the power of the penis, originally in urination, later in erection and sexual intercourse ; the ' luck ' symbolizes ultimately the possession of the penis. The danger expresses, to the boy, the danger of the loss of the penis as a punishment for some prohibited wish or deed, and, to both sexes, a possible injury done by the penis of the father. Even numbers are not lucky, but the girl, possessing no penis, is in no danger of losing it, so that they are safe.

It appears further that this theory accounts for the partial displacement of the thoughts relating to 3 to other odd numbers. The combination of the feelings of power and danger creates a psychic tension in

regard to the penis and the number 3, and this demands relief, which can be attained by extension. Further, if the danger feelings can be displaced to a sufficiently large number they are aroused less frequently by situations occurring in reality ; it is not often, in the course of an individual's life, that he finds himself one of thirteen at table.

The curious position of 5 is easily understood when we recognize the surprise associated in childhood with erections and the anxiety arising from handling the penis. The feelings associated with 3 cannot be resolved by displacement to 5, because this is the number of fingers, and arouses them again instead of providing a satisfactory resting-place. Thus 7 is really the first substitute for 3 that is not fraught with psychic danger. But the phallic meaning of 5 can still be traced in a disguised form in the magic pentacle or five-pointed star and possibly in the rose. The characteristic use of the former was in the doorway to prevent the entrance of evil spirits, just as the flaming sword appears in Genesis to prevent the return of man to the Garden of Eden. It represents the phantasy of the father's penis preventing the angry child's return to the mother ; in this case the people or treasures within the room or garden are thought of as within the mother and needing protection against the aggression of the outsider. The rose is habitually mentioned in poetry in association with its thorns. But in both cases there is a disguise ; whereas the fingers all point away from the trunk, in both the pentacle and the rose the projections are symmetrically distributed about a centre. This reduces the resemblance to the hand. Further, the approach to circularity imitates the breast and permits the symbol to be thought of as female, especially in the case of the rose. The solution of the emotional problem over 5 is by way of identification of the sexes. It is assisted by the reality situation that both *have* the same number of fingers.

At the same time we may notice a possible oral meaning of 5, for it is the number of milk teeth, top or bottom, on each side, and the teeth can be counted with the tongue ; thus anxiety situations relating to biting and teething may be associated with 5. The later molars may then help the displacement from 5 to 7, and it would be interesting to know at what age this takes place. In any case it is over-determined, and the identification of teeth with the penis is already well known.

On the other hand the seven candlesticks are all upright ; while the symmetrical heptagon and seven-pointed star attract little attention. The disguise is apparently less necessary in the case of the number 7

than in that of 5. But we may trace another association here, by way of the planets. Their striking qualities, which led to their astrological importance, are their luminosity and their property of smooth motion. Now Ernest Jones shows, in *The Nightmare*, that this combination of properties is also responsible for much of the importance in folklore of the horse and of water, and that it is traceable to urination. I have already commented in my study of *Peer Gynt* on Ibsen's use of alliteration on the letters 'gl' to express the main ideas of the urinary complex [2]; the same alliteration is shown in English in such words as *gleam, glance, glitter, glamour, glory, glad* (connected with Lat. *glaber* and German *glatt* = smooth), *glare, glossy, glass, glee, glib, glide, glimmer, glow*. We have here repeatedly the ideas of brightness, smoothness, and splendour, corresponding to the sparkle and bright colour of urine, its steady flow, and the obvious importance that small boys attach to it. The question then arises, is there anything essentially urinary in the letters *gl* themselves? I think there is. 'L' is called a 'liquid' letter. Jones comments on the association of the letter *r* with vibration and the rougher aspects of maleness; and *r* and *l* are actually sounded on the same part of the palate. L in Spanish is often replaced by *r* in Portuguese (cf. plaza and praça); Japanese often replace *l* by *r*, and Chinese *r* by *l*. The resemblance between the letters is close enough to give rise to confusion. Their difference is that *l* is smooth, while *r* is vibrant, and corresponds to the difference between the functions of the penis in urination and coitus. If we accept Jones's views on *r*, we are therefore naturally led to associate *l* with urination. G is an explosive sound, made at the back of the throat by release of enclosed air by the glottis; thus *gl* is a release of something enclosed, followed by a smooth sound of indefinite duration. This corresponds exactly to urination, the relaxing of the glottis corresponding to that of the bladder sphincter. The sound *gl* therefore represents an imitation with the mouth of the essential properties of urination. This suggestion leads to speculations about the combinations *kl* and *gr* (*clean, clear, clever, grand, great, growl*) but these would take us too far from the immediate topic.

It seems that the irresistible smooth motion of the planets must really be a dominating cause of their alleged importance in human affairs. In magic man attempts to seize the power and control it to his own advantage; but there has never been any question of controlling the planets. They are as unalterable as the decrees of Allah in

[2] *Psycho-analytic Review*, 11, 1924, p. 377.

Mohammedanism, or as those of the Fates in the Greek and Norse myths; and there are three Fates. The unalterable character may again be connected with the impossibility of stopping urination when incomplete. It is emphasized by the early astronomers, who actually exaggerated the apparent uniformity of the motion by making the orbits true circles; even Copernicus saw an inner necessity in this. Here, therefore, as with the pentacle, we seem to have the combination of male and female properties making for omnipotence; while the power of the three female Fates to control the gods themselves seems to suggest that even the number 3 may have a female content. If so, we must regard it as 1 + 2, the 1 standing for the penis and 2 for the breasts; it becomes the characteristically male number by identification of the breasts with the testicles, reinforced by their similar position in many animals. Then the process may be repeated, and we have a mechanism that explains the female content of 5 and 7.

The superstition relating to 13 has been attributed to the Last Supper, which was followed by the Crucifixion. This explanation can only be a rationalization; Jesus and the disciples had often dined together previously without evil consequences. But the combination of an odd number with a meal and danger does suggest a more primitive idea that if three people feed together two will combine and eat the other. In the present state of civilization this has little basis in reality; but it expresses one of the most fundamental of the oral phantasies. The child's aggressive feelings against either parent cannot be carried out directly, are developed by the phantasy that they can be carried out with the assistance of the other parent, and finally repressed by the fear that the two parents will combine to destroy the child. The existence of this complex is well established already; its expression in the 13 superstition however indicates that the interest in numbers exists to some extent even in the oral phase, the equation 2 + 1 = 3 being already highly coloured emotionally. The same connection of odd numbers with oral sadism appears in the superstition noted by Jones that a seventh son will become a werewolf and a seventh daughter a night-hag. The affect attached to 3 in this way, based on the trinity of the family, antedates and explains the fact that the male organ, from being regarded first as single, can become associated with the number 3.

There seems to be less emotional discrimination between the even numbers, except 10 and 12, and in these two cases it is hard to separate the contributions from reality and phantasy. One may suspect,

however, that objections to a decimal system of weights and measures are partly affected by the feelings of danger related to handling. In a case studied by Penrose [3] extreme decimalization was associated with habitual masturbation ; this probably represents the other side of the same question.

In my own analysis the number 4 appeared with strong female attributes. This was traced partly to the four teats of the cow, and partly to the diamond on the label of one of Bass's beers often seen in childhood. This diamond was thought of as two equilateral triangles on a common base, and represented the breasts. Seven was thought of as 4 + 3, representing a hermaphrodite figure with the external organs of both sexes. It had associations with irresistibility and perfection ; we have seen above that these are just what are found in the folklore of the number.

The theory of numbers, which attracts the interest of many of the best pure mathematicians, deals with the decomposition of numbers into the sums or products of others with definite attributes. The notion of a ' prime ' number, one possessing no factor other than unity and itself, is clearly a development of that of an odd number, which merely does not possess the factor 2. Thus a prime (other than 2), while carrying the attributes of maleness like other odd numbers, is specially resistant to separation into parts. The theory of primes is therefore essentially a play mechanism designed to provide a defence against the fear of destruction by tearing apart into pieces of comparable size, and avoids consideration of the danger popularly associated with odd numbers, that they may lose a unit and become even. We may note that the popular mind finds another defence, namely by addition. The four-leaved clover attains power through having 1 *added* to 3 ; and we have the expression ' as happy as a dog with two tails '.

Of the numbers used in the measurement of angle and time, 24, 60, 180, and 360 are highly-composite ; the only other highly-composite numbers in this range are 36, 48, 120 and 240. We can only infer that their choice is determined by a wish for factorization far beyond practical needs. This again points to a complex relating to destruction by tearing apart, dating from a pre-phallic stage ; but the restitution motive is supplied by the fact that these numbers can be put together again. The interest in factorization is therefore analogous to that in jig-saw puzzles.

The considerations raised in this note suggest discussion of the

[3] *Brit. Journal Med. Psych.*, 11, 1931, pp. 1–31.

desirability of the decimal system of counting. The disadvantage of a small number as a base of numeration is that too many digits are needed to express a given number ; thus 100 referred to the base 2 is 1100100. The disadvantage of a large base is that it requires new symbols ; thus with the base 12 we require symbols for 10 and 11. The choice of a base is therefore a compromise. From an adult point of view there would perhaps be some slight advantage in replacing 10 by 6 or 12, since we need to divide by 3 oftener than by 5. But from the child's point of view the advantage of 10 must be overwhelming. Whatever base we recommend it will count on its fingers and thereby find a safe and useful outlet for early manipulative impulses ; even if another base is adopted for adult use it will involve re-education after a habit has been formed, with a risk of regression. It seems therefore that the difficulty of early training will outweigh any convenience arising from ease of factorization. On the other hand it would be expected that so far as a child fails to deal with the anxieties relating to the number 5 it will have difficulties in arithmetic. Mathematical ability is often spoken of as a special quality, but it is possibly much commoner than is usually supposed, and its apparent absence or inadequacy in many individuals may be the result of a specific repression.

To sum up, numbers in language, folklore and superstition appear to carry affects derived from pre-genital situations, mainly oral and urethral. The interest in odd numbers, and especially in primes, is originally phallic, while even numbers and especially those with a large number of factors are associated with ambivalent attitudes to the mother.

Harold Jeffreys.
(Cambridge.)

ABSTRACTS

General

Walter Bromberg and Paul Schilder. 'Attitude of Psychoneurotics Towards Death.' *Psycho-analytic Review*, January, 1936, Vol. XXIII, pp. 1–25.

Death is not a simple drive, is not merely the opposite of life. Attitudes towards it are formed from experiences in early life. Death may mean in different individuals (1) escape from the unbearable, (2) a means of forcing more love from others, (3) a final sexual union with an ideal mate, (4) final narcissistic perfection and eternal importance, and (5) a gratification of masochistic tendencies.

With case material it is shewn that in hysteria, anxiety states, pseudo-angina and even in one case of organic angina, death fears are related to separation from a loved one and usually a reuniting with a more perfect loved one after death (the incestuous love object being frequent). In two cases of children their destructive attitudes are the cause of fear of death as punishment. In obsessional cases two types are seen, both the result of sado-masochistic attitudes towards the love object. In one type the aggression is external and the idea of the death of others is more important. In the other type the super-ego directs aggressions towards the ego. Death is regarded here as eternal punishment, and dismembering phantasies are frequent. In depressions eternal destruction is important and in epilepsy the idea of rebirth is included in death phantasies. In schizophrenia the indestructability of the individual is connected with ideas of death. In general in the psychoses the object relation is overshadowed by narcissistic gratification.

Clara Thompson.

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C. D. Daly. 'Der Kern des Œdipuskomplexes.' *Internationale Zeitschrift für Psychoanalyse*, 1935, Bd. XXI, Heft 2, S. 165–188, and Heft 3, S. 389–418.

These two papers argue that the menstruation-complex is the nuclear part of the Œdipus-complex. The boy on first becoming aware of the smell of his mother, when menstruating, is intensely sexually excited; the knowledge of her bleeding then fills him with a double fear according to his stage of development. The one fear is of being eaten, the other is of being castrated. The jealousy, fear and hatred of his father is now directed against his mother as the object from which sexual temptation arises.

Phylogenetically, the father of the primal horde punished any attempt to copulate with his females by killing and devouring the offender. After the young males had killed the primal father, they fought to the death for the females in rut, until in order to prevent bloodshed, it was forbidden to

approach a female in rut. The female who presented herself in such a condition was visited with death; this artificial interference, with her natural time for copulation, led to the bleeding which we know as menstruation. This bleeding in its turn had its place in upholding sexual inhibition, and in raising the incest barrier. The fear of being devoured by the older generation was replaced by the castration threats of initiation-ceremonies. The origin of the vagina-dentata is the devouring mouth of the cannibalistic father.

I. F. Grant Duff.

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Felix Deutsch. 'Ueber Euthansia.' *Internationale Zeitschrift für Psychoanalyse*, 1935, Bd. XXI, S. 220–234.

The author shows that a happy death is possible where the libido can free itself from guilt, with regard to the early love objects, as it finds its way back to them *via* regression.

I. F. Grant Duff.

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Honorio Delgado. 'Introduccion al estudio de la psicopathologia.' *Actualidad Medica Peruana*, October, 1935, No. 6.

A review of the difficulties of and bias in studying mental conditions is followed by a brief discussion of the problems of the relationship between mind and body, the author in general finding himself in agreement with Bergson's theories. The author then discusses the general methods of psychology and psychopathology, the latter including the unconscious.

M. D. Eder.

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CLINICAL

Robert Wälder. 'Ætiology and Course of Group Psychoses.' With a Sociological Appendix: On the Historical Situation of the Present. *Imago*, 1935, Vol. XXI, pp. 67–91.

Group psychosis is one of the most important causes of war. Group psychosis differs from individual psychosis in regard to the capacity of its victims for making contacts. While the loss of contact of a person with his or her surroundings is the decisive criterion of individual psychosis, contacts between members of a group under the influence of group psychosis are unimpaired. The phenomenon known as 'folie à deux' (communicated insanity) is fundamental in establishing a group psychosis and it is the paranoiac, owing to his strong narcissism, who is particularly apt to induce other people to believe in his paranoiac system. 'The man who does not love anything or anybody but himself easily becomes the love object of others, and the man who does not admit any criticism of his own actions readily criticises the actions of others'. By the identification of

the super-ego of each individual with one common person (the leader) a group is created and kept together. This process explains why a single member is able to perform acts of aggression, i.e. killing, if he is within the group, which he would never do independently. These acts of aggression normally are inhibited by his individual super-ego which, to a certain extent, he gives up, and replaces by accepting the leader.

The cultural development of the human race has been achieved by a gradual suppression of the direct gratification of impulses : sexual impulses more and more being satisfied in a roundabout way by substitutes and the destructive impulses being directed more and more inwards instead of outwards. This development can be described as domestication. The degree of domestication varies in different individuals and nations. There is, undoubtedly, a hygienic danger involved in too high a degree of domestication, and a certain attitude which does not regard domestication too favourably can nowadays be observed in Europe. A disturbance, which is common both to the individual and the group psychosis and justifies the term of ' psychosis ' for both, is the inexorable belief in the truth of the contents of their delusional systems. These cannot be corrected by comparison with reality. It is in this that a delusion differs from an error. In war time in these group psychoses, ideas about the enemy are formed which are often of a morbid character in their distortion and exaggeration and are as incorrigible as delusions. The psychological causes of this disturbance appear to be twofold. (A) The Leader Situation. The super-ego has more functions than those of a conscience. It is the institution of self-criticism. That is why the exchange of the super-ego for the personality of the leader brings about, besides the results already mentioned, a severe disturbance in self-criticism and reality sense. (B) The second factor is the disturbed distribution of eros and aggression within the group. Normally both of these impulses are diffused among the individuals with whom each member of the group comes in contact. Each person may be a friend in so far as he belongs to a common sub-group, i.e. of a professional or of a political character. The same person may become an enemy, that is an object of aggression, in so far as he is a competitor in the struggle for existence. This is different in a state of group psychosis where it becomes similar to a situation which is known in paranoia. Here men are divided into two groups, into friends and enemies. In contrast to the normal attitude where the same person may be the object of both eros and aggression, here, the hostile group is entirely the object of aggression. ' It seems that when a total split of these two impulses of the human soul occurs . . . the reality testing faculty breaks down. One no longer sees clearly where one only loves or only hates. In reality there is light and shade distributed in varying degree over every object '. As the immediate causes of group psychosis the following factors which precipitate and exaggerate aggression

are given : (A) Deprivation which is most strongly felt by a nation in times of need ; (B) pressure of a powerful conscience which is discharged by directing the aggressive impulse outwards ; (C) education which usually does not relieve but strengthens the aggressive impulses. The course of a group war-psychosis takes two directions. The aggression may be stopped by influence from outside (external power) before the evil is done. If the aggression has yielded to the external necessity it becomes directed inwards and changes into conscience and depression, but the orgy of destruction is by then gone. If, however, the evil has already been done the aggression will decrease according to the amount of gratification allowed to the destructive impulse. Now eros can rise again.

In his sociological remarks about the contemporary historical situation, added as an appendix, the author characterizes two processes : the shrinking of economic life resulting in ' de-urbanization ' and a revolt of the village against the city and the struggle of the human race against mechanization. The final words are : ' In the exstasis of the alloplastic drive (the transformation of the outside world) such a complicated civilization has been created that man still has difficulty in adapting himself to it. Some of the autoplastic work (that is directed towards the living being himself) has to be made up for. Psycho-analysis can contribute to this autoplastic supplementing of our alloplastic civilization '.

H. A. Thorner.

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Edmund Bergler and Ludwig Eidelberg. ' Der Mechanismus der Depersonalisation.' *Internationale Zeitschrift für Psychoanalyse,* 1935, Band XXI, p. 258.

Each author contributes an account of a case of depersonalization (both female) and discusses the mechanisms involved. As a result of the striking points of agreement in the two cases, they come to the conclusion that the specific defence mechanism of depersonalization is the capture of the super-ego by the ego. The following is their own summarized account of the main processes, etc., involved : ' The libidinal instinctual wish of the id is predominantly that of *anal exhibition* ' (stimulated either by an external incident or by an unconscious phantasy). ' The ego wards off this wish, and as a result appear anxiety and denial in the forms of a feeling of unreality, disturbances of the capacity for apprehension, doubts, intellectual uncertainty, attacks of despair, etc. A great part of the ego seeks to cajole the super-ego by placing itself at its disposal as " assistant police-officer " carrying out the duty of increased observation of the self and thus performing a kind of self-segmentation (autotomy).

' The normal function of the ego, observation of the self in the service of the super-ego, is increased to gigantic proportions, and the ego is slain with its own weapon. The rejected instinctual claim overpowers the ego

by the surprise tactics of changing from exhibitionism to scotophilia and gaining the acceptance of the ego under the mask of self-observation for the purpose of warding off the id wishes. Thus the narcissistic watching of the self smuggled in under the guise of "police-reporter" to the super-ego, is carried out with full enjoyment of the sexualized destruction turned round upon the subject. Subsequently exhibitionism is allowed partial satisfaction under the protection of the mechanism of depersonalization set up meanwhile.

'As in the case of those defence mechanisms with which we are already familiar such as conversion, projection and so on, the mechanism of depersonalization is a compromise formation in which all three divisions of the psyche take part. The ego is unconscious of its pleasure resulting from satisfaction of the scotophilia. Like many neurotic defence mechanisms depersonalization is ego-dystonic and bound up with the question of insight into the illness'.

The authors further tell us that self-observation and the mechanisms of denial are always present in attacks of depersonalization whatever the other variations. The anxiety which is for the ego both defence and signal of danger also serves the super-ego, and in conscious rationalization becomes: 'I am going mad'. The denial is also orientated to the super-ego and betokens 'It is not true that I harbour these anal scotophilic exhibitionistic wishes'. The intellectual uncertainty is in part the perception of the inner conflict. In consciousness the denial of the wish is reflected in the form of the judgement: I do not recognize myself, or, I do not exist, I am not here. (Compare the English phrase 'not all there').

It is interesting to trace in the case material the way in which these defence mechanisms are the internal repetitions, one might say the survival forms, of previous external situations and events against which the ego was not able to defend itself because already it was diminished and their danger was increased by the mechanism of projection.

M. N. Searl.

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Walter Briehl and Ernst W. Kulka. 'Lactation in a Virgin.' *Psychoanalytic Quarterly*, 1935, Vol. IV, No. 3, pp. 484–512.

An hysterical patient developed lactation during analysis as a conversion symptom. The presenting symptom was marked limitation of the field of vision. Physical examination disclosed a typical hirsute distribution, oligomenorrhea, diminished basal metabolism, ovarian hypofunction, functional auditory and visual disturbances, oval and eccentric pupils, corneal and pharyngeal reflexes absent. The history brought out strong scopophilic and oral tendencies. Analysis showed that the patient treated her breast first as her own, nursing her baby, second as her mother's,

which she nursed, third as her own penis, fourth, as her father's penis. Lactation was equated to milk, urine and semen.

Lucile Dooley.

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Karen Horney. ' Psychogenic Factors in Functional Female Disorders.' *American Journal of Obstetrics and Gynæcology*, Vol. 25, No. 5, p. 694.

This paper reports a lecture given in Chicago before the Gynæcological Society, and discusses the psychical origins of a variety of disorders in women. The psycho-analytic method is described as the only one capable of elucidating the complicated psychological genesis of these maladies. In every case of neurosis which she investigated, the author ascertained the presence of functional disorders of the genital system. She raises three problems. The first, whether psycho-sexual disturbances are invariably accompanied by functional genital disorders, does not receive a definite answer, for want of more extensive experience. The author's material favours the view that an invariable connection of the kind exists, but further enlightenment will only follow when gynæcologists with a psycho-analytical training have turned their experience to account. The second question, whether psychical and genital disturbances may not ultimately be referred to a common causal factor in the individual constitution or internal secretions is discussed on lines which indicate that unequivocal relations certainly do not exist and that it is very often possible to demonstrate differences in the constitutional and psycho-sexual manifestations. The question of an invariable connection is to be found between certain types of reaction to sexual life and particular genital disturbances of a functional order is discussed in greatest detail.

The work is notable for a particularly lucid and intelligible exposition, the essential points are thrown into relief, while, as befits the purpose of the lecture, no attempt has been made to enter upon a detailed account of subtler psychological mechanisms.

The remarks concerning the significance for the genesis of frigidity of certain points of difference in the character of the masculine and feminine psyche are worthy of note.

H. Winnik.

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W. M. Kranefeldt. ' Continuous Analysis.' *British Journal of Medical Psychology*, 1935, Vol. XV, pp. 183–198.

The author urges the continuous analysis of the therapist. He should seek always to broaden his understanding of the unconscious by accepting its messages as revealed in his own dreams. Kranefeldt deplores a theoretical (i.e. Freudian) approach to dream interpretation as too rigid. He insists that the dream itself (manifest content) should be treated as a

valid expression of the unconscious in itself and not only as a mask for latent content. His own interpretations appear to be mainly Jungian in type. Thus, in an illustrative dream, going downhill represents the patient's descent into the unconscious and other features indicate the present state of his unconscious and the relations existing between the personal and collective unconscious. The author agrees with some critics of Adler's logic and verbal formulations but he is impressed by ' the great underlying intuitions which the words were so inadequately trying to express '. The main theme of the paper is reaffirmed in the concluding sentences. '. . . the dream is the only reality by means of which we can develop into awakened human beings. For we do indeed " dream " our waking life—in the sense of our unconscious fundamental attitude—in so far as we do not acknowledge the reality of which the dream tells us. " Continuous analysis " is the only path to ultimate awakening '.

M. Brierley.

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Bertram D. Lewin. ' Claustrophobia.' *Psycho-analytic Quarterly*, 1935, Vol. IV, No. 2, pp. 227–233.

Claustrophobia, defined strictly as the fear of being caught or crushed by the closing in of the space about one, was found in the case reported to arise from an idea of being disturbed *in utero*—pushed out, or born—by the parental coitus. Early childhood theories of gestation, embryology and birth give the specific form and content of the later fantasies from which arises the phobic anxiety.

Lucile Dooley.

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Children

Jenny Wälder. ' Analyse eines Falles von Pavor Nocturnus.' *Zeitschrift für psychoanalytische Pädagogik*, 1935, Jahrg. IX, H. 1, pp. 5–70.

A very detailed account of the analysis of a seven-year-old boy of working-class parentage. The *pavor nocturnus* from which he suffered is attributed to the boy's aggression and antagonism to his father arising in his Œdipus complex. His other symptoms and his phantasies are similarly discussed in terms of the classical Œdipus situation. The author was struck by the absence in the analysis of any sign (notwithstanding the boy's familiarity with anal homosexual games) of an inverted Œdipus complex. This, she considers, may perhaps be ascribed to the exclusively hysterical nature of his disposition and illness, a suggestion which is perhaps as remarkable as the circumstance which it seeks to explain. The reader will in all probability be equally struck by the absence of any reference to pregenital (oral and anal) factors. The fact that (mirabile dictu !) a true transference-situation developed is explained partly by reference to

external happenings, partly by the absence to some extent of the conditions described by Anna Freud as negativing this development in children.

H. Mayor.

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Imre Hermann. 'Über den Gehorsam.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 9/10, pp. 296–305.

These fragmentary notes on obedience touch in turn on (1) the methods of securing obedience, (2) the significance of the personality of the individual obeyed (or disobeyed), (3) the processes which lead to obedience (or disobedience), (4) the ontogenetic development of obedience. The author does not omit to mention the obedience which is disobedience, the disobedience which is obedience, disobedience by proxy, and similar subtle mechanisms.

H. Mayor.

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August Aichhorn. 'Kann der Jugendliche straffällig werden? Ist der Jugendgerichtshof eine Lösung'? *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 3/4, pp. 77–95.

Aichhorn holds that current solutions of the problem of juvenile delinquency are, in the light of psycho-analytic views on the subject (of which he gives a conventional account), still in many respects inadequate. He indicates some of the reforms which might be undertaken pending the arrival of a day when educational treatment will have made penal measures superfluous.

H. Mayor.

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Liselotte Gerö. 'Psychoanalytische Gespräche mit einem kleinen Kind.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 3/4, pp. 96–108.

Neurotic difficulties in a child of two were rapidly overcome, and an incipient neurosis averted, in the course of a short quasi-analytical treatment. Inducing the mother to adopt a more tolerant attitude contributed to the result. The theoretical observations and conclusions are in the Viennese manner.

H. Mayor.

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S. Lindner. 'Das Saugen an den Fingern, Lippen etc. bei den Kindern (Ludeln).' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 3/4, pp. 117–138.

This is a reprint of the work to which Freud refers in his *Three Contributions*. Illustrated.

H. Mayor.

Hilde Fischer and Lili Peller. 'Eingewöhnungsschwierigkeiten im Kindergarten.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VII, No. 1/2, pp. 33–36.

The authors distinguish three phases in the acclimatization of the newcomer to the kindergarten. At first his interest is centred on inanimate objects, later he develops a relationship to the mistress, and this leads finally to satisfactory relations with the other children.

H. Mayor.

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Gerald H. J. Pearson. 'Speech Defect (Word Mutilation) and Masochism in a Traumatic Neurosis.' *Psycho-analytic Review*, January 1936, Vol. XXIII, pp. 46–58.

This paper is a report of an analysis of a boy about six years old with a speech defect. The child began to talk at twelve months. At eighteen months he fell and cut his tongue and did not talk again until he was two and a half years old, and from that time on he had a speech defect which disappeared during treatment. Analysis showed that speech was to him an aggressive weapon, and that the trauma acted as a punishment, for the aggression, as a result of which the aggression became defused and he reacted to all situations masochistically.

Clara Thompson.

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APPLIED

W. R. D. Fairbairn. 'The Sociological Significance of Communism Considered in the Light of Psycho-Analysis.' *The British Journal of Medical Psychology*, 1935, Vol. XV, Part 3, pp. 218–229.

Communism is not so much an economic system as a product of sociological evolution determined by non-economic motives. Its significance can only be understood in relation to the historical evolution of social groups. In the light of Freud's dualistic theory of instinct, sociological evolution must be regarded as governed by two fundamental principles: (1) The cohesion of a social group depends upon its capacity to bind the individual libido; (2) the disintegrating factor in group life is individual aggression. The original group is the *Family*—the cohesion of which is constantly threatened by the aggressive rivalries involved in the Œdipus situation. Against this source of disintegration the patriarchal family adopts as its first line of defence the taboos on incest and patricide, and as its second line of defence the practice of exogamy. The ultimate effect of exogamy is to bind together a number of families into a new group—the *Clan*, which is itself organized on the family model under a chief, and which adopts the principle of inter-clan exogamy as a precaution against technical incest (marriage within the clan). The cohesion of the clan is endangered

(*a*) by family loyalties, (*b*) by the claims of groups with which exogamy is practised. The clan defends itself against the former danger by a reinforcement of the taboo on actual incest, and against the latter by the religious sanctions of totemism. Inter-clan exogamy ultimately leads to the union of several clans in a fresh group—the *Tribe*. The historical stability of this group is attributable to its success in binding the individual libido by a continuance of inter-clan exogamy within tribal limits. Ultimately, however, the tribe gives place to the *Nation* owing to a weakening of clan influence and an enhancement of territorial as against consanguineous ties. The significance of *Communism* lies in the fact that it is a supra-national movement. Its aim is the establishment of a world state claiming the unreserved allegiance of the individual libido. This aim involves the abolition not only of the nation, but also of the family, which has hitherto resisted extinction throughout sociological evolution and has insinuated itself into the national structure. Under the national system the individual is subject to a hidden (repressed) conflict between the claims of the state and the family group, within which he is also subject to the Œdipus conflict. These two conflicts appear to combine to provide the basis of psycho-pathological phenomena. The main appeal of Communism to the individual is that its antagonism to the family represents an attempt to abolish the family situation underlying both these conflicts. The biological foundations of the family seem, however, to render the achievement of this aim improbable—witness the progressive concessions accorded to the family in Russia. The fact that Communism in Russia is conforming to national limitations further suggests that sociological evolution will favour a supra-national group organized as a family of nations (cf. the League of Nations) rather than the Communistic world state.

Author's Abstract.

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Franz Alexander and William D. Healey 'Ein Opfer der Verbrechermoral und eine nicht entdeckte Diebin.' The Case of Sigrid Amenson *Imago*, 1935, Bd. XXI, S.

This is an account of the analysis of a girl of twenty-one who having in previous years been under observation by a social welfare centre as well as by a New York psychiatrist, was finally referred to the authors for analysis on account of her uncontrollable impulse, since the age of seven to eight, to steal money, jewellery and clothes. She had never been detected in her misdeeds but was terrified that sooner or later she would be caught and punished.

She was one of six children of a hardworking labourer who had some years earlier become a brutal drunkard and a thief and was at the time serving a long sentence in prison. Her mother was a hardworking woman, devoted to her maternal duties.

The first five years of her development were quite normal and her analysis shows an unconscious desire to return to that period of affectionate dependence on her mother whom consciously she hates. The Œdipus situation was very marked and never brought to a successful issue, normal identification with her mother having been prevented by a combination of circumstances. These were chiefly the mother's preference for the younger daughter and jealousy of her because of her œdipal relations with the father, her own early impression of the hardship of a woman's lot and her own feelings of guilt concerning her relations with her father. On the other hand, identification with her father was very obvious, although in direct opposition to her feelings on a feminine basis. The wish to be a man was in part a reaction to masochistic phantasies which made mother-identification difficult and which were the result of pronounced ambivalence toward her mother. The unconscious wish that the father be cruel to the mother involved suffering for the woman, and this being the case, her own feeling of guilt concerning her cruelty to her mother would involve suffering for her if she remained a woman—hence the flight to masculinity. But neither can she reach complete identification with her father, not having a penis. This conflict of hate and love, masculinity and femininity, is the deep source of her difficulties and lack of integration ; such a personality is of necessity predisposed to compulsions. Her analysis shows that there was from the first a combination of the sexual with stealing impulses, a desire to do something dangerous and forbidden bringing physical and affective satisfaction.

Her inferiority feeling is based not only upon the dissatisfaction with her unhappy social position and self-condemned auto-erotic practices, but also upon the feeling that she lacks something in the structure of her personality. Her compulsion to steal objects of adornment arises from this. There is also more deeply the wish to be another person, one who is more successfully feminine. Clothes are for her the symbol of the feminine. Some of her stealing expresses the wish to be a man. Other determinants are the desire for revenge and compensation for injured self-love and the desire to punish herself out of unconscious feelings of guilt and masochistic needs.

Mark Burke.

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Marie Bonaparte. ' The Murders in the Rue Morgue.' *Psycho-analytic Quarterly*, 1935, Vol. IV, No. 2, pp. 259–293.

This is one of the most interesting chapters of the book *Edgar Poe, Étude Psychoanalytique* (published in Paris, les Editions Denoël et Steele 1933). The unconscious material of the famous story is traced to Poe's childish fantasies and silent questionings concerning the paternity and birth of his younger illegitimate sister. Coitus is symbolized as fatal to the

mother and threatening castration to the father, with whom the child Edgar Poe identifies himself in the person of the orang-outang. This story stands midway in the group comprising the ' Cycle of the Murdered Mother ' which present the fantasy material of the gradual evolution of the poet's identification with the guilty father.

Lucile Dooley.

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Fritz Redl. ' Der Mechanismus der Strafwirkung.' *Zeitschrift für psychoanalytische Pädagogik*, 1935, Jahrg. IX, H. 4, pp. 221–270.

A somewhat involved and not very illuminating examination of the nature and operation of punishment, designed to evolve criteria by which educators may regulate their use of it.

H. Mayor.

BOOK REVIEWS

An Autobiographical Study. By Sigmund Freud. Authorized translation by James Strachey. (Hogarth Press, London, 1935, Pp. 137. Price 6*s*.)

This is rather the history of the accidental circumstances that Freud's *dæmon* turned to such psychological profit, of the origin and growth of psycho-analysis, than a study of the author's own personality. Freud has indeed revealed himself, more candidly than is the wont of autobiographers, in his earlier works. The book affords no insight as to the nature of Freud's genius ; he has pointed out, in his essays on Leonardo Da Vinci and Dostoieffsky, that analysis has no explanation to offer as regards the artistic gifts, and we may add the scientific gift.

His father's ancestors were long settled at Cologne, fled to Lithuania owing to persecutions of the Jews during the fourteenth or fifteenth century, and returned to German Austria *via* Galicia. From the age of four he has lived in Vienna. His first interests were more towards human concerns than towards natural objects ; it was probably to this interest that we owe the first of Freud's publications—a translation of some of John Stuart Mill's Essays. However, he abandoned this first interest for a devotion extending over many years to physiology. His disinclination towards a medical career was shown by his reluctance to take his degree of doctor of medicine ; he put it off till 1881—eight years after joining the University.

A year later he became junior resident physician at the General Hospital and gradually began to work at nervous diseases with this qualification : ' I understood nothing about the neuroses '.

When, in 1881, he was appointed lecturer in Neuropathology, he journeyed to Paris, working under Charcot at the Salpêtrière, where, during the whole time of his visit ' Janet's name was never so much as mentioned '.

He returned to Vienna with a conviction of the genuineness of hysterical phenomena, of their occurrence in man ; this was too much for the profession in Vienna. With this knowledge, and with (to the visible eye) little else, Freud settled down in Vienna as a nerve specialist. Hypnotism became his chief therapeutic agent, and to perfect himself in this method, he visited Nancy, where Liébault and Bernheim were working. ' I received the profoundest impression that there could be powerful mental processes which nevertheless remained hidden from the consciousness of men.' Here was the germ of the later ' Unconscious ' and ' Repression '.

The story of Freud's (chance) acquaintance with Dr. Josef Breuer, which began before the visit to Charcot and its renewal (no chance !) after he had settled down in Vienna, and its immediate and remote consequences, is too well known to the readers of this JOURNAL to need repetition here.

Treatment by catharsis was soon followed by the psycho-analytic method. Married, with an ever increasing family, settled in Vienna as a specialist in nervous diseases, Freud began that career which has made his name famous the world over but which at first lost him his patients, cost him his friendship with Breuer, and left him in splendid isolation. Thus, for over a decade, the heroic age of psycho-analysis, as Freud has called it, ' when in Vienna I was shunned, abroad no notice was taken of me ', Freud made his revolutionary discoveries—the unconscious, repression, infantile sexuality, transference, the interpretation of dreams, the Œdipus Situation. There is no need to do more than recall how that isolation was gradually ended. The new world was opened with the lectures on psycho-analysis given by Freud and Jung and others at the Clark University, Worcester, Mass., in 1909.

The disinclination towards medicine has ever remained with Freud, or rather he has always been attracted more by the pure than by the applied psychology of the Unconscious. *On revient toujours à ses premiers amours*, but the Freud who returned to his first love—man's social concerns—was a Freud enriched by a wide and deep knowledge of human nature, resulting from his own penetrating and repeated observations and experiments in the laboratory of his consulting room.

Totem and Taboo ; the *Future of an Illusion ; Civilization and its Discontents*, are the later manifestations of this curiosity. According to Stefan Zweig (in a review of this autobiography) Freud has just completed a great religio-philosophic work—a final contribution to psycho-analysis and culture. The conflict between the id—man's basic impulses (love and aggressiveness), the ego and superego, have been shown to be the basic roots of all our human institutions, of all our culture.

This autobiographical study was written when the author was threatened by a mortal illness. It ended with the hope ' that I have opened up a pathway for an important advance in our knowledge '. A postcript ten years later (1935) shows Freud still at work, making additional contributions of great value to the elucidation of the Unconscious, more especially towards a greater knowledge of the unconscious roots of the conscience, leading up to studies in social psychology, religion and culture. His life's work is being carried on in Europe, the Americas, India, Japan, South Africa, Palestine, by a band of scientific workers who have set before themselves as an ideal Freud's own high level of serious scientific work.

From this autobiographical sketch, terse and almost dry in its exposition, one might gather with difficulty that it is of one who has ' disturbed the peace of the world ' ; of one whose concepts, disturbing though they may be, of the nature of man, have penetrated deeply—if not widely—into the thought of both the oriental and the occidental worlds ; that these new concepts, often ill- or even mis- understood, are ever seen fructifying

in the sayings, writings and doings of individuals and groups, of some even who would scarce like to recognize their source.

The translator has done his work with his accustomed accuracy and literary skill.

M. D. Eder.

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On the Bringing Up of Children. By Five Psycho-Analysts: Susan Isaacs, Melanie Klein, Merell P. Middlemore, Nina M. Searl, Ella Freeman Sharpe. Edited by John Rickman. (Kegan Paul, London, 1936. Pp. 237. Price 6*s.* net.)

The six lectures here reprinted were delivered in public in 1935 and the interest displayed by the audience has led to a widespread demand for the publication of them. They comprise the following:

1. Planning for Stability . . Ella Freeman Sharpe.
2. Weaning . . . . Melanie Klein.
3. The Uses of Sensuality . Merell Middlemore.
4. Questions and Answers . Nina Searl.
5. Habit . . . . Susan Isaacs.
6. The Nursery as a Community. Susan Isaacs.

Dr. Rickman, whose editorial work has evidently been very far from a sinecure, has contributed an interesting preface and a carefully selected bibliography.

Psycho-analysts, when offering the fruits of their study of the Unconscious for application to social problems, have a choice of methods open to them. They can say to the world at large 'Here are the facts, make what practical use you can of them. Our attitude towards all such matters is an unbiassed one, our science is merely science; to offer advice on questions of right or wrong is not within the scope of it'. Or they can do as the writers of these chapters have done—couple their findings with some definite opinions as to what should or should not be done, socially or educationally.

During the early years of research, the more orthodox of English psycho-analysts refrained from expressing opinions of this kind. They felt that the sum of psycho-analytic knowledge was not great enough or definite enough to warrant such expression, and there may be some among them who still feel this to be the more correct attitude.

The recent pressure towards the voicing of opinion probably comes from two directions, an external one, viz. the ever-increasing urgency of social and educational problems manifesting itself in written and verbal requests to the Institute of Psycho-Analysis for public lectures and popular books, and an internal one, the growth of psycho-analytic knowledge during the last few years. This growth has been due in part to research done in the analysis of children, which, in turn, has enriched and thrown

light on the study of unconscious manifestations in adult life. To offer such definite views as are now available, based on theoretical considerations which have been tested and retested over a considerable period of time by a number of workers, would seem more justifiable than to withhold advice so firmly founded. This advice might be incorporated into educational practice within the next decade and have far-reaching, and, it is to be hoped, beneficial effects before the rising generation is called upon to face the demand for stability increasingly made by modern life. Moreover, the educational world seethes with advice arising from many sources and uttered by many schools of thought. To refuse to add that based on the profoundest study of the psyche yet made is to leave a serious gap in the total body of modern educational thought.

The book consists of six chapters, the substance of six lectures given at the Caxton Hall in the spring of 1935. Ella Sharpe writes on ' Planning for Stability ', Melanie Klein on ' Weaning ', Merell Middlemore ' On the Uses of Sensuality ', Nina Searl on ' Questions and Answers ', and in the last two chapters Susan Isaacs deals with ' Habit ' and ' The Nursery as a Community '. These chapters describe the relationship between parent and child under the various headings, and point to some of the mistakes and misunderstandings which can arise from want of recognition on the part of parents of the child's unconscious needs, and to ways in which this lack can hamper the child's development and affect his ultimate success in life. They constitute a plea to parents to take into account the newly-discovered facts of mental and physical life in childhood however unwelcome these may be. This reorientation should bring its own reward in the increased happiness which parents themselves should ultimately reap in the improved relationship with son or daughter in adolescence and adulthood.

The feature which distinguishes this book from the usual run of books on this subject is its new attitude towards the child's mind resulting from analysis of the deeper levels. The way in which the child builds up a picture of the world about him, and the factors which contribute to the tone of that picture, friendly or hostile, are mentioned, not, it is true, in great detail, but sufficiently to indicate that the relationship of parent and child is not one of active and passive ' conditioning of reflexes ', but is a personal and emotional relationship from the first.

' On the Bringing Up of Children ' is not a handbook on how to deal with acute specific crises in the nursery as they arise. It aims at something of greater value than any such work could have, viz. at the dissemination of knowledge, which, if really assimilated, would tend to create a home atmosphere in which the greater number of such crises should never arise. The book contains a considerable amount of psycho-analytic theory, and the authors are to be congratulated upon having treated the deeply-

scientific aspects of their subject in language which is simple, lucid and almost completely free from technical terms. Their writing suggests that the obscurity with which the layman sometimes reproaches psycho-analytic literature does not necessarily lie in the science itself.

As is perhaps inevitable when a number of writers contribute on subjects which are closely connected with one another, there is some overlapping, and the reader does get a sense of redundancy of advice, for example on such subjects as the parents' attitude towards masturbation, thumb sucking and the excretory processes. The Editor is fully aware of this drawback, but decides, nevertheless, to retain certain repetitions lest he should uproot some of the wheat with the tares.

Should a book *need* a preface ? It is perhaps the only thing to regret about this one that it does. Without mention in the Editor's foreword of the injustice of attaching blame to parents for the neurotic ills of their children, such blame might be read into the text or be thought to be implicit there. Owing to the nature of psychical life, advice proffered tends to be more readily felt as censure than as assistance, and, in a book of this sort, needs to be coupled with ample assurance that no condemnation is intended ; this is done here and there (Chap. I, p. 15, for example), but not sufficiently, for to launch a book on the market is a rather different matter from giving a series of lectures to an audience who can seek, in question form, what reassurances they need. The preface, however, makes it clear that the book has been written for parents and in the hope of helping them with that complicated and difficult task—the bringing up of children.

Helen Sheehan-Dare.

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Roots of Crime : Psychoanalytic Studies. By Franz Alexander and William Healy. (Alfred A. Knopf, New York, 1935. Pp. 305. Price $3.)

During a period of ten months the authors of this book, each eminent in his respective field, had the unique opportunity of applying the psycho-analytic instrument to a group of legally recognized and adjudicated delinquents. The individuals selected for this undertaking had all been well known earlier, some of them, eight or more years previously, to the Judge Baker Guidance Centre, and had in their day undergone the customary clinical study and treatment available at this institution. In most cases, furthermore, the life of the offender had been fairly well known during the intervening years. But ' neither of the analysts at the time of the analysis was acquainted with the full material that had been obtained in the previous case study. For orientation, only a short review of the outstanding data was utilized, with no transcription of the offender's earlier statement of his own problems, attitudes or conflicts '.

This self-imposed limitation on the utilization of former records of the analysands was desirable because ' an essential part of the research project

avowedly was confrontation of the material gained through psycho-analysis with the data obtained by the previous more or less thorough study of the individual, and *vice versa*, as offering the advantage of comparing the psychoanalytic exploration of the mental processes of the offender with the different type of material contained in the earlier records and obtained through clinical interviews with the delinquent, with parents, agency visitors and others '.

Notwithstanding the limitations which space and other considerations necessarily impose upon the printed recording of a psycho-analytic procedure, a reading of this little volume should convince anyone of the relative inadequacy of the traditional objective, clinical-social study of a human life when compared with the progressive, cumulative revelations with their attendant dynamic play of stimulus and reaction which a psycho-analytic procedure makes possible.

The question of the range of applicability of this procedure to the problems of criminalism is not of prime importance here. Neither can the question of its therapeutic worth dim the obvious fact of its greater reliability as an instrument for the understanding of human motive and action. The authors clearly point out in their discussion of the theoretical and practical bearing of this undertaking on current methods for dealing with the criminal problem the many radical changes that will have to be brought about in public attitude, socio-legal and penological practice before the psycho-analytic instrument can be made to function with any degree of effectiveness in the field of criminology.

But they have convinced the present writer, at any rate, that it can be done, and that nothing short of this type of approach is apt to make any real meliorative impression upon the growing menace of criminalism.

The unstinted enthusiasm which this undertaking calls forth as an event in criminologic procedure cannot, however, be expressed with reference to the findings of this study. In the first place, the paucity of the clinical material (seven or eight cases) and the incompleteness of the job, owing to certain inescapable circumstances, does not carry the promise of any startling new truths concerning human conduct in general or criminal conduct in particular. Such basic trends as come to light, particularly those relating to the oral stage of personal development, cannot be held as specific causes of the criminalism of these individuals. The most that can be said is that the play of certain circumstances upon individuals thus predisposed by certain unhygienic events in the child-parent relationship, brought about a turning to criminal ways.

What this study does add to already existing knowledge and opinion on this subject is that even a most thoroughgoing scrutiny of the subjective elements of a personality fully substantiates the belief, held by every well informed student of criminology, that in the final analysis criminal conduct

depends upon the interaction between environmental and subjective factors, and that the true motivation for an act is not necessarily revealed by the visible and manifest conditions surrounding such an act. Stressing as this study does the subjective elements in criminal conduct, the authors' substantial agreement with a dictum expressed over a century ago, namely, that every society deserves the criminals that it has, adds weight to the validity of this dictum.

It is sincerely hoped that these authors and other well equipped psycho-analysts might find further opportunity for the psycho-analytic investigation, and perhaps therapy, of the individual delinquent. There can be no doubt that therein lies great promise for a better management of the problems created by the individual delinquent, and certainly the no less valuable promise of a definitive establishment of the utter worthlessness of what is called to-day the study of delinquency, with its costly machinery.

Bernard Glueck.

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Wayward Youth. By August Aichhorn, with a Foreword by Sigmund Freud, and a note about the author by the Editors. (Putnam, London, 1936. Pp. xiii + 236. Price 10*s.* 6*d.*)

In 1925, when *Verwahrloste Jugend* was first published, it was generally recognized that its author had made a brilliant use of his psycho-analytic knowledge in the treatment of juvenile delinquency. He was then director of an institution for young delinquents, which he has since given up, but he has continued his work on delinquency. Reading the work again in the English translation, one is most impressed by Aichhorn's insight into the problem of his young people and his powers of adapting the analytical technique to the solution and treatment of their difficulties. It is made clear that sympathy and kindness would not have by themselves helped the delinquents; it required in addition that knowledge and assurance derived from the understanding which psycho-analysis had given him. Freud points out in his introduction that the treatment of the wayward or delinquent child is not the same as the treatment of an adult neurotic; as a rule the psycho-analytic method must be modified to meet the new condition. Aichhorn has shewn how this can be done. He points out that for this work one 'must take into consideration many other factors, psychiatric, sociological, economic and cultural'.

The first chapter has been re-written, for this translation, so that we may take it this English translation represents the author's considered opinion of a work written eleven years ago. One of the clues to Aichhorn's success is furnished by the edition's brief note about him: 'Fat, jolly and comfortable looking, he is a well-known and greatly beloved figure in Vienna'.

The translation, from a rather colloquial Viennese, deserves more than a word of praise.

M. D. Eder.

Sex and Culture. By I. D. Unwin. (Oxford University Press, 1934. Pp. 676. Price 36*s*.)

In reviewing this book I would rather stress the question of method than the conclusions drawn by the author. The author is trying to demonstrate that societies are either ' zoistic ' or ' manistic ' or ' deistic ', that these forms of society represent phases of cultural evolution and are in a definite correlation with the reduction of sexual opportunity. It will strike the anthropologist that this classification is arbitrary. Why should we regard the form in which the concept of the super-natural appears in a certain area as the only important feature in classifying a society ? Moreover the classification itself is extremely doubtful. Supernatural beings are usually ' zoistic ', ' manistic ' and ' divine ' at the same time and not either one thing or the other. These categories are familiar to all students of anthropology : we know them as ' animalistisch ', ' manistisch ', ' solar ' in one of the early publications of Frobenius. We are told that the Trobriand Islanders are ' zoistic ' (p. 105). As they have prenuptial sexual freedom they must be zoistic, according to Dr. Unwin's main theory. However, the rôle played by totemism is slight indeed in this society, ' but the harvest period is directly followed by the mila-mila, the animal feast associated with the return of ancestral spirits to the village ' (Malinowski). But I can talk with more authority on an area I know personally. Dobu and Duau are very similar culturally to the Trobriands. If a society is called ' manistic ' because of the cult of the dead (that is recurring festivals held in honour of the deceased) then Normanby Island (Duau) is certainly ' manistic ' because the great sagari is always held in honour of a dead person and the elaborate *gute* ceremonies surpass anything that might be called a mere ' tendance ' of the dead. Now do they conform to Dr. Unwin's type 1 (men and women may be sexually free), or to type 2 (they may be subject to regulations which compel only an irregular or occasional continence (p. 341)) ? Type 2 does not apply to this area. If we enquire into their pre-nuptial sexual customs we are told that young men regularly visit the girls who frequently live in their own house and spend the night with them. Going into further details however we are told that they spend the night in close embrace but the girl does not take her skirt off and there is no intercourse. Later when we are on more intimate terms with the people we understand that this is only hypocrisy and perhaps a fact in some cases, if they are both somewhat neurotic. Now we do not know which compartment this fits into. It seems to contradict Dr. Unwin, according to whom a ' manistic ' society must have sex regulation No. 2.

But the point is not the question whether these rules are valid in every case or subject to exceptions. What we really need is not hard and fast rules but a finer analysis of social structure. In Duau we have pre-

nuptial freedom in opposition to a certain degree of social condemnation. Some of the author's statements are decidedly too sweeping. For instance ' Generally speaking, in the past when they began to display great energy (as opposed to the lesser energy of uncivilized peoples) human societies were absolutely monogamous ' (p. 343). Human societies have never been absolutely monogamous in the past or in the present unless by ' monogamy ' we do not mean facts but theories. But even if we regard a society as monogamous when monogamy is a legal demand, I think it would be easy to refute this statement. For instance, it is very difficult in face of §§ 137, 144, 145, 146, 147, 148, 155, 156, 158, 170, 171, etc., of the *Code Hammurabi* (Hungarian translation) to uphold the doctrine of Babylonian monogamy. Dr. Unwin would prove Babylonian monogamy by stating that ' No husband could introduce a second woman if his wife gave him a handmaid ' (p. 608). Yes, but what does a man want a handmaid for, if not for intercourse ? This is directly proved by §§ 170, 171 on the inheritance of sons born by these handmaids to their master. According to §§ 144–146 the handmaid brought by the wife was brought for the purpose of bearing children to her master and (§ 447) she could be sold as a slave if she failed in this. On the whole I should call this a typically polygamous society and it is evident that practice was even less rigid than law. § 156 shews the existence of the custom that a father would have intercourse with his son's betrothed wife. § 158 shews that sons would have intercourse with their father's wives and punishes only those sons who have intercourse with their father's chief wife and only if she has given birth.

We might of course go on arguing about details in a similar manner for other races, areas and centuries. But details may confirm the rule and the real question is whether Dr. Unwin has succeeded in proving his main thesis, viz. that advance in culture and a decrease of direct genital gratification go together. Or to put it in his own words, ' Any human society is free to choose either to display great energy or to enjoy sexual freedom ; the evidence is that it cannot do both for more than one generation ' (p. 412). Civilization is evolved on the basis of the super-ego and at the expense of the id ; so far, psycho-analysis can only confirm Dr. Unwin's point of view. However, civilization, using the word in an universal sense and including everything that is not biological, cannot be equated with ' social energy ', for the latter term seems to exclude at least the more morbid and anxiety-tainted aspects of civilization. That ' social energy ' increases with the decrease of sexual opportunity is a doubtful statement if we criticize it from the view point of our clinical experience. This would be tantamount to saying that the more neurotic a person is the better chance he stands of success in society and life in general. This is very far from being true. We know that the capacity for sublimation is variable but we also know that there are certain limits and also an optimal

state of balance. The concluding sentences of Dr. Unwin look as if he were advocating the reduction of sexual opportunity to a minimum (pp. 431, 432) in order to enrich the 'Cultural Process'. Psycho-analysts will also object to his theory of correlation between sexual regulations and types of culture. He argues throughout that a change takes place in the sexual regulation and this induces a cultural change, since he cannot imagine how a modified form of ritual—for instance, the existence of gods, temples and priests—could lead to pre-nuptial chastity. But if we regard gods with temples as projections of an increasing strength of the super-ego the correlation becomes quite evident. Also Dr. Unwin fails to explain the reasons for the reduction of sexual opportunity.

The book will prove useful to every student of human culture.

Géza Róheim.

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A Study of Masturbation. By John F. W. Meagher. (Baillière, Tindall & Cox, Third Edition, London, 1936. Pp. 149. Price 8*s.* 6*d.*)

The third edition of this well-known book has been revised after Dr. Meagher's death by Dr. Smith Ely Jelliffe. Recognizing how much misery the veil of secrecy cast over the important phenomenon of masturbation causes, the author addresses himself to those specially concerned, such as educators, clergymen and parents. The book is written on very sound lines, the superstitions surrounding the subject are dispelled, but the author does not deny the complexity of the factors involved. The conclusions printed at the end of the book are :

(1) Infantile masturbation is practically universal ; in adolescents, it is the rule with boys, and is very common in girls ; in the adult, it is more common in women than in men.

(2) Autoerotic practices are physiological in very young children. They usually drop it if left alone. But the habit is always deleterious in adults, in whom it shews a psychosexual maldevelopment, or a regressive phenomenon.

(3) The harm resulting from excessive indulgence in the practice is chiefly in the mental and moral spheres, rather than in the physical sphere.

(4) In the adolescent and in the adult, a cure of the practice is easiest where the traits and trends of the individual are predominantly good, where the wish to give up the habit is strong, and where numerous good incentives are actively present.

(5) Sympathy and encouragement are great aids to the patient, whereas an antagonistic attitude, censure, and punishment are usually harmful.

(6) The problem is one of psychopathology and the best therapy is enlightened psychotherapy.

E. J.

Destiny and Disease in Mental Disorders, with Special Reference to the Schizophrenic Psychoses. By C. Macfie Campbell. (W. W. Norton & Co., New York, 1935.)

This book, of a little over 200 pages, attempts to envisage the many influences that seem to bear a relationship to the clinical syndrome called schizophrenia. It would appear to be particularly useful to the novitiate in psychiatry, who needs to be taught in easy language that people may become incapacitated in virtue of a disordered personality. Such a conception, while clear in the minds of psychiatrists, is still remarkably vague to the physician not psychiatrically trained. Campbell's clear and easy style would, therefore, appeal to the group for whom the lectures were prepared.

The reader quickly detects the attitude and technique of a thoughtful teacher, who, understanding that his auditors are drawn from a wide circle of medical interests, directs his remarks to the group as a whole. The points of view expressed by Campbell are those founded upon a rich clinical experience and they are confined to generalizations that should serve to encourage physicians in general to include a psychiatric attitude in their practices. It would be expected, therefore, that from such a vantage point the lecturer start as Campbell does with a description of the conditions found in his special field. From time to time hints are thrown out regarding some of the dynamic forces behind the clinical syndrome, but, on the whole, the contents of the book revolve around a description of the intensity and extensity of the clinical disorder.

L. E. Hinsie.

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Practical Clinical Psychiatry. By E. A. Strecker and F. G. Ebaugh. (P. Blakiston's Son & Co., Philadelphia, 1935. Fourth Edition. Pp. 705. Price $5.00.)

It is not surprising that this text-book of clinical psychiatry should have reached four editions in ten years. Written in a clear, crisp style, it is well arranged and well proportioned. The various reaction types considered according to the grouping of Dr. A. Meyer are illustrated with vivid case histories which should make the subject of psychiatry absorbing and vital to the student. The latest edition has been brought very much up to date, at least in its references. The psycho-analytic contributions to the theory and treatment of the manic-depressive psychoses, schizophrenia and psycho-neurotic reaction types have received ample though somewhat indiscriminating consideration. The authors still refer to treatment as ' Freudian psycho-analytic catharsis ' and definitions of psycho-analytic terms in their glossary leave much for amplification. No doubt in subsequent editions, which it seems must inevitably follow, there will be a

more comprehensive and accurately determined evaluation of psycho-analytic method and theory in psychotic conditions.

C. P. Oberndorf.

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La Neurosis Obsesiva. By Jorge Thenon. ('El Ateneo', Buenos Aires, 1935. Pp. 405.)

Proceeding from a very complete analysis of an obsession in a youth of sixteen, the author traverses a large part of the theory and practice of psycho-analysis. There are chapters on infantile sexuality, on the dreams in obsessional cases, the masturbation of puberty, etc. A considerable part of the work deals with early sado-masochism, descriptive accounts of the sado-masochistic behaviour and phantasies; these the author maintains play an important part in the obsessional mode of thought. He devotes considerable space to the genesis of sado-masochism in sexual development, but it cannot be said that any new light is thrown upon this question. Psycho-analysis is for Thenon the history of the libido alone (p. 47). The aggressive impulses, as such, do not seem to be considered fundamental to his conception of psycho-analysis.

The literature quoted is very extensive, shewing the author's wide and catholic reading. The book is only a contribution to the literature of the obsessional neurosis for the Spanish reader, but does not attempt to resolve any of the unsolved problems of the psycho-neuroses.

M. D. Eder.

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Dictionary of Psychology. Edited by Howard C. Warren. (George Allen & Unwin Ltd., London, 1935. Pp. 372. Price 15*s.* net.)

This is a truly astounding production, both in quantity and quality; one which can only evoke feelings of admiration and gratitude to the compilers. It consists of 299 pages of small type where all imaginable terms used in psychology are given a full definition, often accompanied by valuable comments. A severe test of such a dictionary is whether they have dealt adequately with psycho-analytical terms, which are so often passed by cavalierly or else given a very inadequate definition. Here great care has been taken in this field and so one assumes that similar care has been taken in the other departments of psychology. We find good definitions of such words as anaclitic, cathexis, id, preconscious, parapraxis, etc. Presumably our *Glossary* has been used, since one notices a mistake copied which that contains: namely, 'omnipotence of thought' for 'omnipotence of thoughts'. They improve on the *Glossary* by correcting an important mistake it contains, one which has been widely copied in psycho-analytical literature, namely, the incorrect term *scoptophilia*, which should be *scopophilia*. In the definition of *aphanisis* the words 'fear of' have been unnecessarily added.

There are eighteen appendixes, ranging from a list of complexes and phobias to statistical formulæ, logical fallacies and the topography of the central nervous system. This is followed by a list of technical dictionaries and a French and German glossary, both of which are very full and accurate. We note that the baffling terms *Lust-Unlust* are translated as *pleasantness-unpleasantness*.

In the preface the editor unblushingly admits that he has for the sake of simplicity adopted ' whose ' for ' of which '. He also ignores what he calls the ' pedantic ban on split infinitives ', maintaining that thereby he can bring out his meaning more clearly—an experience which other writers have not shared. This stupendous work easily puts all previous dictionaries of psychology in the background and joins a small list of volumes indispensable to every serious student.

E. J.

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Contemporary Schools of Psychology. By Robert S. Woodworth. (Methuen & Co. Ltd., London, 1931. Pp. 247. Price 7*s*. 6*d*. net.)

Students of psychology must find this book very useful. It was a good idea of Professor Woodworth to devote a volume to describing the various lines of psychological current and psychological research which are dignified by the name of ' schools ' and among which a hypothetical acrimony of extraordinary intensity is alleged by outsiders to exist. The titles of the chapters are :—

(1) The Background of our Current Disputes.
(2) Introspective Psychology and the Existencial School.
(3) Behaviourism.
(4) Gestalt Psychology or Configurationism.
(5) Psycho-Analysis and Related Schools.
(6) Purposivism or Hormic Psychology.
(7) The Middle of the Road.

The description of psycho-analysis is remarkably objective, a vast improvement on the attempts of previous psychologists to deal with the topic. Some fifty pages are devoted to it and an adequate account is given of the various stages in its development. Only two points need correction. The reader is given the impression that Breuer began to co-operate with Freud only after the latter's return from Nancy, the important incident of Frau Anna O. being omitted. Then the following sentence is a very inaccurate account of the differences between Freud and Jung or Freud and Adler : ' Freud insists, however, that both Jung and Adler read themselves out of psycho-analysis by rejecting the paramount importance of sex desire in the neurosis and in life generally '.

E. J.

The Child. By Florence Brown Sherbon. (McGraw-Hill Book Co., New York and London, 1934. Pp. xiii + 707. $3.50.)

The present status of psychology gives us the right to expect, from a text which aims ' to synthesize current scientific discovery in terms of the phenomena of childhood ', more than the fare offered here. Guided by the Gestalt school of psychology and the studies of Dr. Arnold Gesell in the behaviour of infancy, the author colours the principles of configuration and maturation with her own attitude toward the organismic theory. This prepossession cannot excuse in a scientist complete omission of what Freud's ' Three Contributions to the Theory of Sex ' has to offer a psychologist of any school. Thus there is in the psychological part of this book, no sense of the ' whole child ' at which the author aims, because there is no understanding of the dynamics and causation of behaviour in the child of different levels. The instinctual basis of behaviour finds no place to explain play phenomena, language learning, curiosity, and other phases and problems of childhood. Recommending among many wise pedagogical principles, that the child should be told ' just what he wants to know ', the author fails to understand the unconscious import of the child's ' why's ', and though advising frankness, she slides right past his questions on the new baby. As there is no adequate understanding of the basic problem of anxiety, the passage on fears is linked with a discussion of the possibilities of actual accidents. This confusion is traceable to the author's total shyness of depth psychology.

Despite much liberal pedagogy of which one approves and which must be stimulating still to a vast audience, the 200 pages of psychology is not modern.

Marie H. Briehl.

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Conversations with Children. By David Katz and Rosa Katz. (Kegan Paul, London, 1936. Pp. 378. Price 15*s.*)

Of recent years analysts have become acutely aware of the need for fresh behaviouristic observations on children. It is to be feared, however, that many observations will prove little calculated to add to our knowledge and understanding.

The present book contains some 140 conversations which the authors had with their two children, boys of five and three, over a period of roughly two years. Books of this type largely depend on two assumptions, (*a*) that valuable raw material is given to the psychologist by recording literally what a child has said at a given time, without supplying adequate additional data in regard to what occurred both before and after, (*b*) that scientifically trained parents are the best observers of their children.

Dr. and Mrs. Katz state (p. 53) ' we have never noticed any trace of sexual curiosity in our children ', adding ' we consider it quite out of the

question for the children to have made this discovery and kept it secret from us, because a state of absolute confidence existed between us '. It is already quite rare nowadays to find such a naïve belief in ' absolute confidence ' even among ordinary parents; and any person with a minimum of psychological observation will discover how much children keep to themselves, even children brought up with infinitely more freedom than those now in question. How can we then expect parents who reveal such extreme emotional bias and entertain such naïve beliefs, to observe their children correctly, however well they may be acquainted with psychological theories? Child analysts know how difficult it is to get really accurate and detailed information even from parents who make every effort to give the analyst a true picture of their child. They know how much, in spite of their best intentions to conceal nothing, parents tend to gloss over situations in which they failed to come up to standard and to forget things for which they feel guilty or which touch too closely on their personal problems. Is it possible, then, to expect parents to give really unbiassed information about their children (i.e. their family life) in a publication that is open to public inspection and criticism?

We are not told what principle guided the authors in selecting the conversations for publication. But a hint is given in the preface where we learn (p. ix) that the thirteen ' confessional talks ' which were published in the German edition have been omitted from the English one, because some people raised objections to them. Thus it seems that the authors' choice was to a great extent dictated by the wish to publish only material to which nobody would be likely to take exception. The authors believe that their investigation ' is also of considerable value to pedagogy ' (p. 1). It seems that they preferred for the most part to reproduce those conversations in which they behaved in the way they think parents ought to behave to conversations which perhaps may have been of greater interest to psychologists.

But their ideal of parental behaviour may differ very much from our own. In reading these conversations I felt so strongly aware of the evident urge to mould and influence the child all the time, to stimulate its guilt on every possible occasion (' what conversation carried on with one's child is devoid of educational influences, whether one intends them or not? ' (p. 1 (!!)) and of the moralistic and artificial tone of the parents that I soon ceased to be surprised by the children's lack of sexual curiosity.

The authors emphasize the fact that the children did not know that notes were taken of what they said, and deny that they themselves were in any way influenced in their answers by the idea of publication. We have no reason to doubt their conscious intentions; but it is hard to believe that the intention to publish did not greatly interfere with a spontaneous relation to the children. Many parents react to the feeling of being

observed by others and having to serve as a model for them by becoming highly moralistic and artificial; and the idea of publishing a detailed account of one's everyday life and relation to one's children could easily give rise to a feeling of being under continual observation and a target for everybody's criticism—a situation which may be enough in some cases to wreck a person's whole family life.

After all, psychology is (or should be) a science. The elementary demands of all scientific research and observation should be respected. The observer ought to be as unprejudiced as is humanly possible—and it does not seem fair to expect this of a parent—and he ought to observe the object of his studies without trying to influence him in certain directions. How can childhood manifestations of instinct and of primitive curiosity be properly observed by a person who does his best to suppress them ?

Lastly there should be no selection of observations. Omissions falsify the picture at least as much as more deliberate, positive distortions. Really detailed observations describing every stimulus and every reaction of the child for a few days would probably possess greater value than a great number of sporadic observations over a period of years. How is it possible to understand why a child suddenly becomes interested, e.g. in negroes, if we know nothing of his phantasies and anxieties ? How can we separate his intellectual from his emotional development, or isolate his conversations from his spontaneous remarks, play, phantasies, anxieties, disappointments and pleasures ? How can we understand his utterances without knowing all the details of his current life, all the relevant stimuli (which need not have necessarily occurred within the last hour) or evaluate them properly without knowledge of his early development, his emotional relations, frustrations and conflicts ?

Melitta Schmideberg.

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Human Speech. Some Observations, Experiments and Conclusions as to the Nature Origin, Purpose and Possible Improvement of Human Speech. By Sir Richard Paget. The International Library of Psychology, Philosophy and Scientific Method. (Harcourt, Brace & Co., New York, 1930. Pp. 360.)

Sir Richard Paget, the well known physicist, in a book written with distinction, has proved again the old contention that science is one. Beginning with a discussion in the first six chapters of the mechanical principles involved in voice production, he tells us of experimental attempts to apply these principles in the construction of machines to imitate the human voice. From the consideration of these ' speaking machines ', it was not difficult for the author to come to think of the human organs of speech, and to reflect on what it was that made of these

organs, which serve such different purposes in other animals, a ' speaking machine '.

His theory of the origin of speech is a counterpart of his experimental studies. In these he had been using machines producing motions which imitated speech. His theory of how speech originated, put in briefest terms, is that speech originally imitated motions, particularly bodily motions, and this theory he calls the ' gesture theory of language '.

The sounds produced by the larynx, the phonational element in speech, make up the emotional part. ' The vocal cords supply the language of the emotions, and just as our facial expression " registers " pleasure, pain, surprise, fear, affection, and the like, so the lips of our vocal cords change their expression, and consequently produce changes of laryngeal sound as the air from our lungs is forced out between them. It is the rising and falling of the pitch of the speaking voice which carries the emotional message, while the movements of articulation—remote descendants of the original descriptive pantomime made by primitive man—carry the intentional message which accompanies it.'

The ideational content of speech, as we should say, is given by the motions of the lips and tongue. They ' make gestures '. ' What drove man to the invention of speech was, as I imagine, not so much the need of expressing his thoughts (for that might have been done quite satisfactorily by bodily gestures) as the difficulty of " talking with his hands full ". It was the *continual* use of man's hands for craftmanship, the chase, and the beginnings of art and agriculture, that drove him to other methods of expressing his ideas—namely, by a specialized pantomime of the tongue and lips.'

Paget vividly pictures the prehistoric origin of speech :

' Originally man expressed his ideas by gesture, but as he gesticulated with his hands, his tongue, lips and jaw followed suit in a ridiculous fashion, " understudying " (as Sir Henry Hadow aptly suggested to me) the action of the hands. The consequence was that when, owing to pressure of other business, the principal actors (the hands) retired from the stage—as much as principal actors ever do—their understudies—the tongue, lips and jaw—were already proficient in the pantomimic art.

' Then the great discovery was made that if while making a gesture with the tongue and lips, air was blown through the oral or nasal cavities, the gesture became audible as a whispered speech sound. If, while pantomiming with tongue, lips and jaw our ancestors sang, roared or grunted—in order to draw attention to what they were doing—a still louder and more remarkable effect was produced, namely, what we call voiced speech ' (p. 133).

Readers of the psycho-analytic literature will recognize that Paget here postulates for phylogeny what Ferenczi has assumed for the individual

where the period of gesture language and ' magic gestures ' is succeeded by the period of speech and ' magic thoughts and words '. Ferenczi does not state that speech imitates manual gesture; he regards both gesture and speech as forms of bodily means for representing wishes and objects wished for.

An example of how Paget supposes speech may actually have begun follows: ' If the mouth, tongue and lips be moved as in eating, this constitutes a gesture sign meaning " eat "; if while making this sign, we blow air through the vocal cavities, we automatically produce the whispered sounds *mnyum-mnyum*, or *mnya-mnya* [1]—words which probably would be almost universally understood, and which actually occur as a children's word for food in Russian, as well as in English '. ' Similarly, the action of sucking liquid in small quantities into the mouth, if " blown " as before, produces the whispered words *sip*, *sup*,[1] according to the exact position of the tip of the tongue behind the lower teeth.'

Paget's further experiments with what he calls ' pantomimic gestures ' are very interesting. As one might suspect from his mechanical interests, he is evidently a person with an excellent kinæsthetic sense endowment, which he utilizes in an ingenious manner. With his tongue and lips he mimicked certain gestures, for example, feeling or stroking with the hand, the tongue motion being one of feeling the palate backward and downward. By sending the voice through the mouth while this motion was going on he obtained a sound, the ' phonetic result ', roughly resembling *thra*, *dra*, *lra*. Or similarly to imitate shooting, the voice was sent through while the tongue was reflexed, then gripped at the back and suddenly released; the phonetic result was *dr-ki* or *dr-ku*. Curiously, these artificial words, which suggest the machine-made sounds described in the first part of the book, are very similar to real words in certain primitive languages, especially archaic Japanese and ' Protopolynesian ', which have just the meaning of the corresponding manual or brachial gesture.

Beginning at the other end of the process, then, Paget tries to see whether imitating with other muscles the tongue motions which produce words will give gestures that correspond to the meaning. For this purpose he uses the Aryan roots, Chinese, Arawak and Sumerian words. In Skeat's list of Aryan roots, he found that of the first hundred, seventy-seven were clearly pantomimic, twelve suggested pantomimic origin, while only eleven showed no evidence of pantomimic origin.

In view of Ernest Jones's recent pioneer attempt to interpret the Aryan root MR, it may be of interest to see some of the results of Paget's mode of approach. The Aryan root meaning give, DA, he tells us, seems to be an offering gesture of the tongue. DHUGH—to milk, yield milk—is due

[1] The words in italics are transcriptions of a phonetic system used by the author.—REVIEWER.

to sucking and swallowing gestures in succession. PA—feed, nourish—is a sucking gesture; MA is due to a precisely similar lip gesture, but with the lip closure prolonged and the nasal passage open. LUBH—love—appears to be a phallic tongue gesture of which the receptive counterpart was KA or KAM—also meaning love. In discussing the gesture imitated by the consonant *l* Paget states that it is probable that in primitive speech the tongue was in fact protruded at times, as it still is among children. (Psycho-analysis can offer supporting evidence for the belief that the tongue may represent the phallus. Cf., for example, Flügel, This JOURNAL, VI, 1925.)

Paget also tries to assign gesture values to the individual vowels and consonants, which again brings to mind Ernest Jones's work (the consonant *r*). Paget believes that *p*, *b*, *m*, and *bh* commonly denote closing, containing, or gripping actions; thus the Aryan root SWAP—sleep—consists of a representation of the human eye, *sw*, closed by the *p* gesture.

The reader will be much interested in Paget's experiments with Polynesian, Sumerian, Chinese, and Arawak words and his ingenious imitations of them with other motions. Onomatopœia—the imitation of sounds—he regards as a secondary and accessory source of words, of much less importance than the imitation of gesture.

Paget further speculates as to how racial muscular habits may cause differentiation between dialects and languages, holding that rugged stocks might articulate more vigorously, effete stocks more softly, and that modes of articulation might correspond to other general muscular activity and gestures.

Of the remaining chapters, three (Chapters X, XI, and XII) deal with the physics of voice production; Chapter XIII is on 'The Advancement of Language and Notation'. In this latter chapter the section on the notation of numerals and the origin of the symbols from gestures of the lip and hands is of great interest. There are eight appendixes, Appendix VIII being the one which will interest psycho-analytic readers most. This is a reprinting of the article 'Polynesian Language' by Dr. J. Rae, published in *The Polynesian*, a Honolulu newspaper in 1863. Paget finds his own views so remarkably foreshadowed in Rae's article that he reprints it complete.

A part which cannot fail to be of interest to analytic readers deals with the syllable *mi* (pronounced to rhyme with *bee*) which occurs in many Polynesian dialects. Rae was interested to find whether words containing this syllable might have some sense in common. The *i* sound represents a confinement of the stream of breath; its utterance is attended by the smallest opening of the mouth for any vowel. The *m* modifies the stream of breath in that 'the lips are first compressed through their whole extent, and then slightly opened through that extent to allow the *i* to escape'.

'You have thus a broad, but thin stream flowing through a wide orifice whose sides approach. There is, therefore, nothing impossible in the suggestion that the effort to pronounce the sound in question might be suggestive of that idea.

'It is likely that the natural evacuations would be among the first things to which men would give names. I shall, therefore, take the Polynesian word used to express the voiding of urine as the first example. Suppose, then, that in the rudimentary state of things we are considering, someone, imagining he has found a proper term for the act, calls the attention of another to it, uttering at the same time the two syllables "mi mi", and that this other individual attempts to reproduce, and succeeds in reproducing the sound. Would not the two actions, the one which he was performing by means of the organs of speech, the other at which he was looking, have a certain resemblance to each other? Would they, in effect, have any essential difference, but that in the one there was an aerial, in the other a liquid stream? Is there anything, therefore, impossible in the supposition that he might instinctively feel that the utterance of the sound "mi mi" had in it some certain appropriateness to the act of urinating? . . . Is not this supposition much strengthened by the fact that this double syllable has, in truth, become the name for the thing in question over "islands" scattered over many thousands of miles of ocean; that the same syllable is found in other languages for that evacuation, as in Sanscript "mih"; in Greek, "omicho", in Latin, "mingo", and that we shall in vain search for any other syllable, the utterance of which produces in the organs a movement having any, or equal, analogy to the thing?'

Rae then proceeds to discuss other words containing *mi*, showing how they relate to the ideas just expressed. Thus: 'Milo'—to spin—the fingers take the place of the lips, and the thread that of the current; 'lo' is for long. 'Mimilo' to whirl, and whirlpool. 'Umi'—a rat trap—the word imitates the shape and action. 'Umi'—infanticide—usually performed by strangling, again a constriction.

The Polynesian word for the nipple is 'U', an imitation with the lips; hence 'U' also means milk, to be damp or wet, moisture; 'Ua' is rain; 'Uma' is the breast, and 'Umauma' both breasts, the chest.

When S. Spielrein proposed the theory that the consonant *m* as applied to mother or breast (mamma, mater, etc.) began as a labial imitation of the babe's activities at the mother's breast, most students of linguistics paid little attention to the proposal; nor have they utilized Ferenczi's and other analysts' work on stuttering for possible leads to linguistic research. The contribution of the academic psychologists to any theory of the origin of speech is indeed, with certain notable exceptions, remote from life and the possibility of empirical evaluation.

All the more gratifying is it that two gifted amateurs of language, one an eminent physicist, and one a Honolulu physician, should both have looked for the solution of the problem in the very fields to which a psycho-analyst might naturally have turned. Rae was essentially a thoughtful and independent observer; Paget as an acoustic physicist is by profession engaged in reducing the phenomena of nature to motion, It is remarkable that both with the greatest naturalness should have selected as important for their purposes just those psychological topics which psycho-analysts regard as most important. We may imagine that a man who will combine Paget's kinæsthetic gifts with Róheim's insight into the mind of primitive peoples will some day solve the problems which still remain unsolved in this particular domain of linguistics.

Bertram D. Lewin.

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Life's Unknown Ruler: An Exposition of the Teaching of Georg Groddeck. By H. M. Taylor, with Introduction by Milton Powell. (The C. W. Daniels Co., London. Pp. 80. Price 2*s.* 6*d.* net.)

This little book is just what its title would lead one to expect. 'Moral', 'mystical' and 'naïve' are the epithets that rise immediately to the reviewer's mind. Perhaps it is a pity that the authoress is quite so naïve as to imagine that she is talking of psycho-analysis.

A. Stephen.

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A Survey of the Occult. Edited by Julian Franklyn. (Arthur Barker Ltd., London, 1935. Pp. 301. Price 10*s.* 6*d.* net.)

This book would seem to be a labour of love since it is hard to believe that it fulfils a widespread demand. The book takes the form of a dictionary, or rather encyclopædia, in which a large number of individual cross-references are interspersed among a number of signed articles. The editor has written seventeen out of the twenty-one sections, including the chapter on psycho-therapy and psychic phenomena. There are a great many references to psycho-analytical works, especially to the reviewer's writings on occult themes in his 'On the Nightmare'. A short but not inadequate account is given of Freud's work. Examples of the principal contents are astrology, devil-worship, fairies, spiritualism, white magic and literature of the occult.

E. J.

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Patterns of Culture. By Ruth Benedict. (Routledge, London, 1935. Pp. 291. Price 10*s.* 6*d.*)

The central theme of this book is a stimulating one. Dr. Benedict reminds us that we are so far creatures of our western civilization that we

accept its customs as an absolute standard and are always ready ' to identify our own local ways of behaving with Behaviour and our own socialized habits with Human Nature '. Then she administers a corrective. She describes three civilizations, each of which differs widely from the others and from our own. She contrasts their religious beliefs, their social structures and marriage relations, and gives us some idea of the type of citizen who is most admired in each case ; evidently the man who succeeds in one community would be regarded as a failure or an eccentric in another. Implicit in her comparison of cultures is the idea that our own social structure and the institutions which we take for granted are capable of being modified, and this to the advantage of many citizens. But Dr. Benedict is guarded in her pronouncement here, for she suggests that the dominant cultural traits of different races are comparable to the compulsive habits of individuals, and as such they evade scrutiny and modification until they no longer provide for the most suitable discharge of instinctual energy.

Throughout the book stress is laid on the analogy between the psychological reactions of the individual and racial customs, which in turn have a powerful influence on the personality of the individual. The approach is made from the standpoint of Gestalt psychology, so that Dr. Benedict is concerned to appraise the prevailing mood of the peoples she studies, and then to demonstrate its operation in various social relations. There is something intuitive, perhaps even something romantic, in such a method of approach, but it does not detract from the interest of the fascinating psychological material in the book. For instance, the chapter on the Dobu Islanders contains an admirable study of paranoid reactions ; an account of the consistent mildness of the exemplary Zunn Indians leaves one longing to know the means by which they gratify their aggressive instincts ; and the mourning rites of the different peoples together give a full review of behaviour possible after the loss of an object.

Many prayers, laments and incantations are delightfully translated, and in them one recognizes the force which is lent to verse by the symbolic use of unconscious fantasy. A perfect example of this is found in the yam planting charm (p. 147).

Merell Middlemore.

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Human Ecology. By J. W. Bews. (With an Introduction by General the Rt. Hon. J. C. Smuts.) (Oxford University Press, London, 1935. Pp. xii + 312. Price 15*s*.)

Human ecology has as its field man in his functional relation to the whole of his environment—climatic, geological, botanical, biological and social : it embraces all possible sciences of man. For this reason, Professor

Bews' book helps to correct the one-sidedness that specialization is liable to bring. But the treatment of individual topics is inevitably scanty.

A few pages are devoted to psychology. The work of Freud, Jung and Adler, is briefly summarized; but without much comment, except that some of the theoretical conclusions of both Freud and Jung are attributed to a personal 'fondness for dichotomy'.

Roger Money-Kyrle.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
EDWARD GLOVER, GENERAL SECRETARY

THE AMERICAN PSYCHO-ANALYTIC ASSOCIATION

(A Federation of the American Psycho-Analytic Societies)

The American Psycho-Analytic Association held its thirty-fifth meeting in Boston, Massachusetts, on December 28, 1935.

At the business meeting, called to order by Dr. A. A. Brill, a new Constitution, acceptable to the Boston Psycho-Analytic Society, the Chicago Psycho-Analytic Society, the New York Psycho-Analytic Society and the Washington-Baltimore Psycho-Analytic Society (the local societies federated in the Association) was adopted.

The following officers were elected by unanimous approval: A. A. Brill, M.D. (New York), *Honorary President;* C. P. Oberndorf, M.D. (New York), *President;* Isador H. Coriat, M.D. (Boston), *Vice-President;* Ernest E. Hadley, M.D. (Washington), *Secretary* (re-election); Leo H. Bartemeier, M.D. (Detroit), *Treasurer.*

Under the new Constitution each Society will elect a representative to the Executive Council and three representatives to the Council on Professional Training.

Scientific Programme

'Humour and Hypomania', by Isador H. Coriat, M.D. (Boston). Humour, which may develop as a phase of a positive transference-situation during an analysis, resembles a transitory hypomania. The principal features of the hypomania during this phase are characteristic of hypomania in general. Humour as a form of liberation and reaction-formation from a strict super-ego. Relationships between humour and hypomania from the standpoint of analytic psychiatry. The super-ego as a parental pattern of authority: the degree of humour varies according to the strictness of the super-ego. Alteration in the ego-reactions during analysis, its relation to transference and the Œdipus complex, resulting in a triumph of the pleasure-principle of the mental apparatus, thereby producing humour as a form of transitory hypomania. Mechanisms of hypomania, depression and humour from the dynamic standpoint. Humour may be a transition between hypomania and depression. The sense of humour may have a therapeutic effect in lessening the severity of a psychoneurosis, particularly in the anxiety and obsessional states.

'A Contribution to the Psychogenesis of Migraine', by Frieda Fromm-Reichmann, M.D. (Rockville, Maryland). Migraine, a conversion symptom-complex, arises mainly from an unresolved ambivalence-conflict. While

conscious hostility will be expressed by contracting and cramping striped muscles which only obey conscious impulses, patients suffering from migraine will express their conscious hostility against beloved persons by cramping the smooth muscles of the vessels, the stomach and the intestines which only obey unconscious impulses. The patient unconsciously wants to castrate the hated person and turns the castration against himself, displacing it from below to above. Finally, the patient ejects the hated person and the hatred against that person by vomiting and by defecating.

' The Omission of Grief : Contributions to the Psychology of Affects ', by Helene Deutsch, M.D. (Vienna-Boston). Mourning as a normal process and its relationship to melancholia have been the subjects of psychoanalytic interest and investigation (Freud, Abraham). The paper concerns itself with an hitherto little considered reaction to the loss of an object through death in which the usual painful affect is not made manifest. Two questions claim attention. What elements are responsible for the failure of grief to make its appearance and what is the ultimate course or form of these diverted affects ? The speaker postulates a specific condition of the ego in which the latter utilizes a self-protective mechanism to prevent the accomplishment of the work of mourning—which the ego is actually too weak to perform. (Weakness of ego and its causes.) The fate of the frustrated affect will be described as it was observed in various patients under analysis, since there is not merely a single possible course, but many individual variations. The observations expressed in this paper lead to the thesis that there is a principle of the indestructibility of affects and to the suspicion that the tendency of human beings to real, unmotivated dejection and depression betrays not only underlying masochistic tendencies and a substratum of guilt feeling, but is also the ever-present belated reaction to the unresolved experience of loss.

' Envy of the Mother and the Wish to Take from Her ', by Catherine L. Bacon, M.D. (Chicago). From the analysis of five adult female patients the author concludes that in early childhood, following the first feeling that she has been defeated by her mother in her wish to gain her father's love, the child develops an intense envy of her mother with the belief that her mother's genitals are superior to her own. She envies her mother not only because she feels that her mother's genitals are more attractive than hers, but also and more important, that her mother can do with her genitals things to win the father's love which she can't do. In this connection she envies the mother's ability to have a child, and also has rather diffuse phantasies of the mother's giving father something during coitus from her genitals, which on the genital level is represented by love and warmth, but is frequently seen associated with food and fæces. This ' something ' that the mother keeps hidden in her genitals the child wishes to get, and hopes the mother will give her. Dreams show a wish to take

either the contents of mother's genitals or the genitals themselves, with a reactive guilt and anxiety, the child believing that if she steals from her mother it will kill the mother and she will have no one to care for her. Since this wish is thwarted in reality, the child believes that if she had a penis like father she could get by force or trickery from mother what mother gives father during coitus. The author concludes that one very strong root of penis-envy lies in the belief that it is only with a penis that the child can get from her mother the ' good genitals ' she needs in order to win father's love. The phallic level is a neurotic new formation, the basis of which is retreat from the wish to win father's love by her own accomplishments, into a phantastic idea that if she had her father's penis she could use it to get something of mother's to give to her father. (Compare the boy's phantasy of assuming a feminine attitude toward the father in order to castrate him.) This is followed by a presentation of dreams from three patients.

' Psycho-Analytic Aspects of Some Gynecological Disorders ', by Karl Menninger, M.D. (Topeka). The ancient concept of the floating womb contained as we know an element of truth ; this element persists in the unconscious of some gynecologists who ascribe neuroses to ' uterine displacements ' and similar surgical (?) disorders. For such theories and the corresponding practices there is a receptive populace because an unconscious sense of guilt related to the genital organs finds relief in submission to painful or burdensome procedures, surgical or otherwise. This gratification of the need for punishment may be accomplished to s ome degree of course, without the added pain (and the relief) of the surgical procedures through various ' functional ' effects in the way of relaxed or tensed musculature, striated and smooth, and the secondary effects, the consequences of these tensions and relaxations, for example, prolapse, lacerations, dysmenorrhea.

Such psychophysical linkage can best be observed in disturbances of menstruation, some representative examples of which, including the determining emotional pathology, are cited.

' A Case of Compulsive Masturbation ', by John A. P. Millet, M.D. (New York). Patient male, single, age twenty-five, who manifested an intense narcissism ; preoccupation with pregenital interests ; a violently positive Œdipus complex. He felt rejected by the parents, with both of whom he failed to effect a satisfactory identification. There was compulsive secret onanism from early adolescence attended by great anxiety. He escaped into alcoholism and prostitution. There was fear of venereal infection. He sought psychiatric treatment but fled from treatment when his worst fears were allayed. There were cycles of depression and mild elation. He sought further psychiatric help. There was further temporary improvement with flight. Psycho-analysis was initiated. He gained in

insight and anxiety lessened. The sexual inhibitions decreased. The compulsive onanism was reduced. Obsessional anxieties about physical self persisted. Intense resistance was based on homosexual wishes and fears of his own aggressive impulses. He fled from the analyst. Treatment was resumed with second analyst. The pattern repeated itself—the flight being rationalized as recovery.

In the evening following the scientific programme a Banquet was held, at which entertaining impromptu speeches were given.

Ernest E. Hadley,
Secretary.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1935

October 2, 1935. Mrs. Joan Riviere: 'The Negative Therapeutic Reaction'.

October 16, 1935. Discussion on Mrs. Klein's 'Contribution to the Psycho-Genesis of Manic Depressive States' (this JOURNAL, Vol. XVI, 2, p. 145).

November 6, 1935. Miss Grant Duff: 'A Profile Sketch of Swift' (cf. Ferenczi, 'Gulliver Phantasies' (this JOURNAL, Vol. IX, p. 283)).

November 18, 1935. Dr. Robert Wälder (Vienna. Guest of the Society): 'Problems in Ego Psychology'.

December 4, 1935. Dr. D. W. Winnicott: 'The Manic Defence'.

Changes of Address

Dr. Marjorie Franklin, 81 Wimpole Street, W.1.
Dr. Fuchs, 9 Manchester Square, W.1.
Miss I. F. Grant Duff, 150 Gloucester Place, N.W.1.
Miss M. G. Lewis, 21 Torrington Square, W.C.1.
Dr. Melitta Schmideberg, 199 Gloucester Place, N.W.1.
Walter Schmideberg, 199 Gloucester Place, N.W.1.

CHICAGO PSYCHO-ANALYTIC SOCIETY

Fourth Quarter, 1935

September 21, 1935. Dr. Leo Bartemeier: 'Report of a Case of Affect Epilepsy'.

October 5, 1935. Dr. George W. Wilson: 'Analysis of a Transitory Conversion Symptom Simulating Pertussis'.

October 27, 1935. Dr. Leo Bartemeier: 'The Analysis of a Case of Epilepsy'.

November 9, 1935. Dr. Franz Alexander: 'Problems of Psychoanalytic Technique'.

November 23, 1935. Dr. Catherine Bacon: 'Envy of the Mother and the Wish to Take from Her'.

December 7, 1935. *Business Meeting.*

December 21, 1935. Dr. Ralph C. Hamill: 'The Drawings of a Nine-Year-Old Epileptic Girl'.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1935

November 30, 1935. (Leyden.) Dr. F. P. Muller: 'The Analysis of a Neurosis which Changed its Form'.

Election of Member: Frau Dr. C. M. Versteeg-Solleveld, 3 Javastraat, The Hague.

Election of Associate Members: Dr. K. Landauer, 10 Breughelstraat, Amsterdam, 2.; Dr. M. Levy-Suhl, 7 Prins Mauritsstraat, Amersfoort; Dr. Th. Reik, 30 Juliana van Stolberglaan, The Hague; Dr. A. Watermann, 70 van der Aastraat, The Hague.

Changes of Address

Dr. C. van der Heide, 91 Apollolaan, Amsterdam, 2.
Dr. P. A. I. J. Nuysink, 41 Nassau Dillenburgstraat, The Hague.

A. Endtz,
Secretary.

FINNISH-SWEDISH PSYCHO-ANALYTICAL SOCIETY

Third and Fourth Quarters, 1935

September 23, 1935. Fenichel (guest of the Society): 'The Instinct of Self-Enrichment'.

October 3, 1935. (1) Nycander: Two cases.

(2) Jekels: Clinical communication.

October 31, 1935. *Business Meeting.*

November 12, 1935. Control-Seminar. Nycander.

December 5, 1935. Abstracts of Psycho-Analytical Literature. V. Palmstierna: The Obsessional Neurosis.

December 17, 1935. C. Oppenheim (guest of the Society): 'A Difficult Child'.

Lecture

December 12, 1935. Before the Psychiatrical and Neurological Section of the Swedish Medical Society: Tamm and Törngren: The Part played by Actual Conflicts in the Formation of Neuroses.

FRENCH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1935

October 15, 1935. The President, Dr. Ed. Pichon, in the Chair.

Election of Associate Member: Madame la Doctoresse Madeleine Violet, 19 rue Monsieur, Paris VII.

M. L'abbé Paul Jury: 'Descartes: A Psycho-Analyst without the Title'. Descartes stated that a symptom may be a substitute for the memory of some episode in childhood associated with a powerful affect.

November 19, 1935. The Vice-President, Mme. Marie Bonaparte, in the Chair.

At the suggestion of Mme. Marie Bonaparte it was decided to create a fund for the purpose of enabling promising students of limited means to receive training in psycho-analysis. The sum made available to a student will be regarded as a loan and will revert to the fund on being repaid. The nucleus of the fund will be a sum invested by Mme. Marie Bonaparte, and each member of the Society has undertaken to support her generous scheme by contributing one hundred francs.

Dr. J. Leuba: 'A Critical Study of Psychic Intersexuality: with some Revolutionary Reflections on the Instincts'.

December 19, 1935. The Vice-President, Mme. Marie Bonaparte, in the Chair.

Dr. Cénac re-opened the question of arrangements for free analytic treatment. It was decided that the matter should be discussed in January, when a system will be agreed upon for assigning patients to the various analysts in accordance with consultations held at the Psycho-Analytical Institute. One member of the Society will undertake to collect particulars of these patients for the purposes of an annual report.

Dr. Ch. Odier: 'Catamnestic Evidence in a Case of Impotence'.

Dr. J. Leuba,
Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1935

September 18, 1935. Dr. C. Müller-Braunschweig: 'An Early Congenital Manifestation of Genital Components directed to an Object'.

October 12, 1935. Zulliger (Berne. Guest of the Society): 'Rohrschach's Test as an Aid in advising on Problems of Child Guidance and Vocation'.

October 14, 1935. Zulliger (Berne. Guest of the Society): 'Various Types of Reaction to the Infantile Sense of Guilt'.

October 19, 1935. (1) Schottlaender (Stuttgart): 'Clinical Contributions to the Problem of Fixation and Ambivalence'.

(2) *General Meeting:* Annual reports: Boehm, as President of the Society and Director of the Out-Patient Centre, gave an account of the history and work of both; Müller-Braunschweig, as Director of the Teaching Staff, Chairman of the Training Committee and Treasurer, reported on the work done in analytical instruction and training and on the financial position of the Society. The reports were adopted. The following members of the Council were re-elected: Boehm, Müller-Braunschweig. The third member of the Council, Frau Weigert-Vowinckel, is now abroad and has therefore sent in her resignation. Herr Kemper

was elected in her place. The following were re-elected to serve on the Training Committee: Boehm, Kemper, Ada and Carl Müller-Braunschweig (Chairman). Kemper was re-elected Treasurer of the Loan Fund and Boehm and Müller-Braunschweig were re-elected auditors.

Election of Members: Herold and Witt.

October 30, 1935. The Council as a whole (in order to relieve Müller-Braunschweig of his responsibilities) distributed the functions of the Council as follows: *President, Secretary of the Society and Director of the Out-Patient Centre*, Boehm; *Vice-President and Director of the Teaching Staff*, Müller-Braunschweig; *Treasurer*, Kemper.

November 6, 1935. Dr. Boss (Switzerland. Guest of the Society): 'Accessibility to Therapeutic Influence in Cases of Schizophrenic Disruption of the Ego'.

November 13, 1935. Dr. Schultz-Hencke: 'The Structure and Treatment of a case resembling Schizophrenia'.

November 27, 1935. Frau Dr. Koch (guest of the Society): 'Analysis of the Resistance in a Narcissistic Neurosis'.

December 22, 1935. Frau Dr. Karen Horney (New York): 'The Negative Therapeutic Reaction'.

Dr. Müller-Braunschweig,
Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1935

October 4, 1935. Dr. O. Fenichel (guest of the Society): 'Scopophilia and Identification'.

October 18, 1935. Frau K. Lévy: 'The Patient's Motives for Silence in Analysis'.

November 15, 1935. Dr. I. Hermann: (1) 'Further Observations on the Vortex Theory of Instinct'.

(2) 'Progress in a case under analysis'.

(3) 'Glittering eyes'.

November 29, 1935. Dr. Z. Pfeifer: 'Problems in the Psychology of Music'.

December 13, 1935. Dr. Z. Pfeifer: 'Problems in the Psychology of Music' (*continued*).

Change of Address: Frau Edith Gyömröi-Glück, Budapest, II. Trombitás u. 20.

I. Hermann,
Secretary.

NEW YORK PSYCHO-ANALYTIC SOCIETY

Fourth Quarter, 1935

During the summer the Society lost, through death, Dr. Joseph J. Asch, and Dr. William J. Spring. Dr. Asch had long been identified with

the Society and, in addition to a busy practice as a urologist, was able to keep in active touch with psycho-analysis, bringing valuable contributions from his own special field. Dr. Spring was one of the most recent members, whose brilliant mind and early contributions to psycho-analysis were generally recognized and appreciated. The Society regrets deeply the loss of two such gifted members.

At the first regular meeting on October 29, 1935, Dr. Monroe A. Meyer announced that through the generosity of Dr. A. A. Brill, Dr. David M. Levy, and Dr. Clarence P. Oberndorf, with additional funds raised by the Committee on Ways and Means, and through collections by the Treasurer, the Society would be able to have an extra seminar room of which it has been very much in need for several years.

Dr. LeRoy M. A. Maeder read a paper entitled ' Some Aspects of a Successful Character Analysis '.

At the meeting held on November 26, 1935, Dr. Karen Horney read a paper entitled ' The Problem of the Negative Therapeutic Reaction '. Dr. van Ophuijsen has recently moved to New York, and was a guest of the Society.

At the meeting of the Society on December 17, 1935, the Treasurer announced a gift of $1,000.00 from Dr. A. A. Brill to form a special fund for administrative purposes. A vote of thanks to Dr. Brill was passed. The Society authorized the appointment of a Special Committee of all past Chairmen of the Educational Committee to formulate and put in stable form the functions of the Educational Committee of the Society.

Dr. John A. P. Millet read a paper on ' Fatal Alcoholism with Premonitory Symptoms '.

On December 23, 1935, a Special Meeting was held to consider the new Constitution for the American Psycho-analytic Association. The Society indorsed the new Constitution, with some minor recommendations.

During the quarter, Dr. LeRoy M. A. Maeder and Dr. John A. P. Millet were elected to active membership in the Society.

George E. Daniels, M.D.,
Secretary.

PALESTINE PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1935

The first meeting after the summer vacation was held in November; one meeting monthly is being held at present.

November 15, 1935. (Jerusalem.) (1) Dr. E. Hirsch (guest of the Society): ' Technical Problems in the Analysis of a case of Hysteria '.

(2) *Business Meeting. Election of Associate Member:* Frau Dr. G. Brandt.

December 21, 1935. (Tel-Aviv.) Herr D. Idelson (guest of the Society): Report on the Work of the Tel-Aviv Home for Wayward Youth.

This was followed by an inspection of the Home.

Dr. I. Schalit,
Secretary.

THE WASHINGTON-BALTIMORE PSYCHO-ANALYTIC SOCIETY

Second Quarter, 1935

April, 1935. Dr. Ernest E. Hadley: 'Hostility, its Exploitation in the beginning of Analysis'.

May, 1935. Dr. Gregory Zilboorg (New York) (by invitation): 'Clinical Inferences in the Psychology of the Only Child'.

Fourth Quarter, 1935

October, 1935. Dr. Franz Alexander (Chicago) (by invitation): 'Problems of the Psycho-analytic Technique'.

November, 1935. (1) Papers by Students-in-Training: (*a*) Dr. Marjorie Jarvis: 'The Nature of Transference in the Alcoholic'.

(*b*) Dr. Amanda Stoughton: 'Intentional Avoidance of Interpretation of Transference'.

(*c*) Dr. Ralph Crowley: 'Manic Equivalents in Analysis'.

(2) *Business Meeting*. Report of Dr. William V. Silverberg on the Constitutional Committee. Report of Dr. Ernest E. Hadley, Chairman of the Training Committee. Acceptance of resignation of Dr. Edward J. Kempf.

December, 1935. (1) Dr. Bernard S. Robbins: 'The Overcoming of Narcissistic Resistance in the Psychotic'.

(2) *Business Meeting*. Admission to active membership of Drs. Ralph Crowley, Marjorie Jarvis and Amanda Stoughton. Admission of Dr. Frieda Fromm-Reichmann by transfer from Swiss Psycho-Analytic Society. Ratification of the proposed new constitution of the American Psycho-Analytic Association. Appointment of Drs. Silverberg, Hadley and Hill as members of the Council on Professional Education of the American Psycho-Analytic Association for three, two and one year terms respectively.

Amanda L. Stoughton,
Secretary.